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Experience of school-based consultation for students with emotional and behavioral needs: perspectives of multiple stakeholders

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EXPERIENCE OF SCHOOL-BASED CONSULTATION FOR STUDENTS WITH EMOTIONAL AND BEHAVIORAL NEEDS: PERSPECTIVES OF MULTIPLE STAKEHOLDERS

by

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DEDICATION

This dissertation is dedicated to the late Sister Jane Margaret Donnelly. Her boundless passion for service, education, critical thought, and lively debate helped to ignite the same in countless others.

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EXPERIENCE OF SCHOOL-BASED CONSULTATION

FOR STUDENTS WITH EMOTIONAL AND BEHAVIORAL NEEDS:

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ABSTRACT

The population of students with emotional and behavioral needs represent a significant proportion of the population of students in today's public schools. To help meet their needs, consultants from outside mental health agencies are often contracted to support school personnel who work with these students. There is little research, however, on this practice, its implementation, or its effectiveness. The purpose of this study was to describe the experience of consultation among teachers, counselors, and administrators. Data were collect through open-ended interviews. An analysis of these interviews reveal that members of a school community generally view the practice as a positive experience and a worthwhile investment. Differences between administrators and direct service providers (i.e., teachers, counselors) were identified. Administrators focused on operational or logistical elements of consultation and teachers and counselors spoke more to relational elements, such as personal characteristics of the consultant and the ability to develop a working relationship with the consultant. Further, school personnel with clinical training seemed to welcome the consultation as an opportunity for constructive

feedback, but perhaps more importantly, the clinical supervision they would not otherwise receive.

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION 1

Purpose 2

CHAPTER 2: LITERATURE REVIEW 7

Prevalence of Emotional and Behavioral Health Needs 7

Origins of Consultation in Schools 9

Defining Consultation 11

Mental Health Consultation 13

Behavioral Consultation 16

Conjoint Behavioral Consultation 17

Teacher Responses to Consultation 19

Collaboration and the Dynamics of Consultative Relationships 23

Research on Outcomes of Consultation 27

Putting Research into Practice 31

Professional Organizations Positions on Consultation 32

Summary 34

CHAPTER 3: METHOD AND PROCEDURES 36

Purpose 36

Participants 37

Demographic profile of participating school districts 38

Roles and affiliations of participants 41

Research Methodology 41

Data Collection 42

Data Analysis 44

Ethical Considerations 45

CHAPTER 4: RESULTS AND DISCUSSION 47
CHAPTER 5: IMPRESSIONS AND CONCLUSIONS 80
Impressions 80
Limitations 85
Conclusions and Considerations for Further Research 86
Subjectivity Statement 91
APPENDICES
Appendix A: District Recruitment Email Text 93
Appendix B: Participant Recruitment Email Text 94
Appendix C: Teacher Consent Form 95
Appendix D: Administrator Consent Form 98
Appendix E: Consultant Consent Form 101
Appendix F: Interview Protocol Form 104
REFERENCES 105
CURRICULUM VITAE 119

List of Tables

Table 1. Demographic profile of participating school districts (pseudonyms) 38

Table 2. Roles and Affiliations of participants 41

Chapter 1

Students with challenging behaviors exact unique demands on public schools. They often engage in difficult behavior that is not easily remedied through traditional interventions, such as curriculum modifications, behavioral adaptations, or discipline. The etiology of their challenges varies widely. Research indicates that the percentage of children and adolescents in the U.S. who will be identified with a mental disorder during their lifetime is nearly 50 percent. (Merikangas et al., 2010). Using those same data, Kessler et al. (2012) found that 4 out of 10 adolescents met criteria for a 12-month emotional or mental health disorder as defined by the Diagnostic and Statistical Manual, 4th edition (DSM-IV, American Psychiatric Association, 2004).

While the majority of youth with emotional and behavioral disorders do not receive mental health services (Merikangas et al., 2010), for those who do receive services, they are most often provided within schools (Rones & Hoagwood, 2000; National Association of School Psychologists, 2016). In 2005, Foster and her colleagues reported that twenty percent of school aged students nationwide accessed mental health services in school. More than 50 percent of schools in their nationwide survey indicated that they have a contractual agreement with a community-based organization to support students with mental health needs. Green et al. (2013) reported that nearly half of adolescent students with a diagnosed disorder who received any mental health services accessed them in school.

Foster et al. (2005) pointed out that the use of community-based mental health professionals to support students with emotional or behavioral health needs is a broadly

utilized and generally accepted practice, an observation that is reinforced in more recent research (Fazel, Hoagwood, Stephan & Ford, 2014). To support both students and teachers, many school districts elect to bring community-based behavioral or mental health providers into schools. These community-based providers provide direct clinical support to students and also consult with teachers, counselors, and other members of the school community to provide support and professional development in an effort to support students with emotional or behavioral health needs. The presumption is that consultants may be able to provide the type of support or professional development needed to improve student school outcomes, establish effective programs, and to reduce the number of students requiring more restrictive placements by helping school staff to develop programs and strategies to improve outcomes for students with emotional or behavioral health needs.

Purpose

The purpose of this study was to describe the experience of consultation to support the emotional and behavioral needs of students enrolled in public school programs as perceived by members of school communities. The focus was on consultation for students with an identified emotional or behavioral disability, neurological disability, health impairment, or those identified as being at-risk for behavioral or mental health issues. This study focused on consultation by behavioral or mental health professionals who were based in the community (e.g., social service organizations, private agencies, and other behavioral health organizations), and

contracted with, but not employed on a full-time basis by a school district. There was a particular interest in describing the investment in and the value of consultation. General and special education teachers, administrators, and related service providers were interviewed and asked about their experiences with consultation for students with emotional and behavioral health needs. This type of consultation will be referred to as school-based consultation, defined as a model of support in which a behavioral or mental health professional meets regularly with school personnel during the school day to provide expertise in addressing the needs of students with behavioral, emotional, or mental health issues. For the purposes of this study, investment was broadly defined as the resource (i.e., time and money) spent, with an emphasis on stakeholder's perception of the worth or value.

The use of school-based consultation is well documented in the literature (Atkins, Capella, Shernoff, Mehta, & Gustafson, 2017; Epstein, et al., 2008; Foster, et al. 2005, Greenberg, et al., 2003). However, consultation is fundamentally about interactions between a consultant and consultee. These interactions between individuals with different experiences, training, and roles have their own distinct characteristics. The uniqueness of individual districts, personnel, and students indicate that a deeper understanding of the phenomenon is needed. Research on consultation has been criticized as lacking in rigor (Sheridan et al., 1996), "poorly conceptualized and executed" (Fuchs et al., 1992, p. 162), and lacking in a "level of operational specificity necessary to address the research methodology problems" (Gutkin, 1993, p. 229).

This study sought to fill several gaps in the existing literature on consultation that

have been noted as being inadequate in their design, scope, or sophistication (Fuchs, Fuchs, Dulan, Roberts & Fernstrom, 1992; Gutkin, 1993; Sheridan, Welch & Orme, 1996). Kratochwill, Sheridan, and VanSomeren (1988) indicated that research should be more multifaceted, including "different settings (e.g., school, home, community), and different perspectives across these settings (e.g., teacher, parent, child, peers)" (p. 93). Gutkin (1993) suggested that more qualitative research is needed, referring to it as having been "substantially underutilized" (p. 238). Data from research have been described as user-unfriendly (Gresham & Noell, 1993) and Sheridan, Welch, and Orme (1996) noted that changes in consultee skills or attitudes are rarely measured.

Given the prevalence of behavioral health needs in children and adolescents (Kessler, Avenevoli, Costello, et al., 2012), identifying the processes by which schools utilize behavioral and mental health providers for consultation is an important step towards a deeper understanding of the experience of and the investment in school-based consultation. It is generally assumed that, when an investment is made in anything, there will be a return on that investment. I was interested in learning about what schools expect in return when they invest in consultation. How do various school personnel view the value of consultation? How do they measure value? Do administrators gauge the value in terms of monetary costs or expenditures? Do teachers express the same values of effectiveness by changes in student behavior or other student outcomes? Do schools or districts define a return on their investment through such measures as improved staff performance and confidence, improved staff morale, decreased special education referrals, or decreased out-of-district placements?

The central research question was "How do members of the school community describe the experience of consultation, particularly as it relates to the time and resources invested in it?" Related to the central question were sub questions that asked about the implementation or administration of school-based consultation, interactions between participants, and procedural questions related to the process, all of which contributed to a rich, thick description of the consultation experience. The sub questions were:

- What do schools expect from consultation?
- What factors influence whether schools continue or discontinue consultation?
- Under what conditions or circumstances do consultation participants to utilize feedback?
- What, if any, currency is gained or lost through school-based consultation?

This phenomenological study is a descriptive examination of the perceptions and experiences regarding the investment in school-based consultation from the perspectives of several stakeholders in a specific role. Special education teachers, general education teachers, school administrators, special education administrators, and adjustment counselors/social workers who interact with at least one consultant on a regular basis participated in semi-structured interviews about school-based consultation. Consultants were also interviewed to provide further context for the consultee interviews. Participants were drawn from four suburban school districts outside of Boston and were accessed through purposeful sampling, beginning with the researcher's professional contacts.

Interviews were recorded, transcribed, and analyzed using both open coding and emic coding. Member checks and narrative analysis were also utilized to validate significant findings. This final composite description is based on textural and structural descriptions gleaned from analysis of the interviews.

Chapter 2

Students with a broad range of abilities are educated in the same classrooms and are each expected to make academic progress across all content areas. The increasing heterogeneity of school populations demands more comprehensive services and supports to address the needs of all students (National Council on Disability, 1996). The challenges inherent to teaching are often compounded by trying to meet the needs of students with emotional or behavioral health issues. As stated by Rones and Hoagwood (2000)

> Children whose emotional, behavioral, or social difficulties are not addressed have a diminished capacity to learn and benefit from the school environment. In addition, children who develop disruptive behavior patterns can have a negative influence on the social and academic environment for other children. (p. 236)

The needs of these students can be demanding; to support them and school staff, mental health professionals are often brought into public schools to consult through training, teaching, and supporting teachers, administrators, and parents (Foster et al., 2005).

Prevalence of Emotional and Behavioral Health Needs in Children

The largest U.S. nationally representative survey of child and adolescent psychiatric disorders to date indicated that, over the course of a given year, nearly half (40.3 percent) of adolescents aged 13-17 had symptoms that meet the criteria for a 12-month disorder as defined in the DSM (American Psychiatric Association, 2000) (Kessler, Avenevoli, Costello, et al., 2012). Although most disorders are mild to

moderate in nature, about five percent of all children will experience significant functional impairment (Merikangas, He, Burstein, Swanson, Avenevoli, Cui, et al., 2010; Pastor, Reuben, & Falkenstern, 2006).

Despite the high prevalence of DSM disorders, including severe disorders, only 0.7 percent of all children in public schools receive special education services under the category of emotional disturbance (National Center for Education Statistics, 2016). It is clear that the number of students with a clinically diagnosed impairment is likely even higher, but they may not demonstrate impairment in school and consequently are not eligible for special education services. In order to receive special education services, students must both have an emotional disability that negatively impacts them at school. This is one reason why students may not receive mental health services in schools. Conversely, it should be noted that students may be eligible for special education services for an emotional or behavioral disorder without a clinical diagnosis, as the definition in Individuals with Disabilities Education Act (2004) does not require one [(CFR, Title 34, §300.8(c)(4)(i)].

Students may also engage in "risky" activities that may manifest in difficult behaviors in school. The national Youth Risk Behavior Survey found 17.7 percent of students in grades 9 – 12 seriously considered attempting suicide in the 12 months before the survey; 14.6 percent reported having made a plan. These represented increases from 2009 – 2015 (Centers for Disease Control and Prevention, 2015). Students also engaged in at-risk behaviors in the school setting. Approximately 20 percent reported being bullied on school property; 7.8 percent were involved in a physical fight, 6 percent were

threatened or injured with a weapon at school, and 5.6 percent reported feeling unsafe in school or in transit (Centers for Disease Control and Prevention, 2015).

Origins of Consultation in Schools

The earliest instances of consultation can be traced to the 1890s in Philadelphia (Schultz & Schultz, 1996). Lightner Witmer, regarded as the father of clinical psychology, taught courses for teachers at the University of Pennsylvania. One of his students approached him for help with one of her students who was having difficulty spelling. Witmer posited that if psychology was a worthwhile endeavor, then it ought to be useful in supporting a teacher with a difficult case.

Consultation in schools emerged more broadly in the mid-20th century (Caplan, Caplan, & Erchul, 1994). Caplan advanced the use of consultation for children with mental health needs through his work in post-World War II Israel. Responsible for the supervision of mental health services to 16,000 adolescents at more than a hundred institutions, Caplan recognized that he and his team would be more efficient in meeting the mental health needs of children by "counseling the counselors," (Caplan, Caplan, & Erchul, 1994, p. 2). The notion was initially borne of a logistical necessity, as many of the residences were difficult to travel to so it was not feasible to bring clients back to a central clinic. In addition, the sheer number of referrals proved to be too substantial for providing individual counseling to all who needed it (Caplan, Caplan, & Erchul, 1994).

When Caplan moved to the Harvard School of Public Health in the early 1950s, he joined Erich Lindemann, a pioneer in community mental health, in a collaborative

consultation effort with the Wellesley (MA) Public Schools. Simultaneous with Caplan's work in Israel, Lindemann's team was observing student behavior in classrooms. They found that teachers asking questions and positing their own ideas to the researchers often interrupted their observations of students. As researchers increasingly engaged with teachers, they found that interactions with the adults increased their (the teachers') understanding of children's behavior (Caplan, Caplan, & Erchul, 1994).

Over time Caplan's notion of mental health consultation became increasingly differentiated from other aspects of community mental health services (Caplan, 1962/1995). The more important contribution may have been establishing consultation as a practice distinct from other areas of counseling psychology, such as supervision or psychotherapy. According to Erchul and Martens (1997) consultation emerged as distinctive because of the triadic, nonhierarchical nature of the relationship, the focus on work-related problems rather than personal issues, the voluntary nature of the relationship and the continued responsibility for the client on the consultee.

Consultation has emerged as a specialty within the field of psychology. Erchul and Martens (1997) identified theoretical, professional, and pragmatic reasons for the increased use of consultation in psychology, beginning in the 1950s. Theoretical issues included changing models of mental illness – namely moving away from the medical model towards a more ecological approach – and the rise of behavioral psychology. Professional issues in the field included a lack of specificity in diagnostic criteria and in therapeutic goals and processes; and a lack of empirical evidence of the efficacy of psychotherapy, which led to the emergence of other treatments. Pragmatic reasons for the

emergence of consultation included an insufficient number of trained mental health professionals available to implement treatment through a medical model. Lastly, research began to show that paraprofessionals, or individuals who were minimally trained, were able to provide some amount of mental health services (Erchul & Martens, 1997). The 1963 Community Mental Health Centers Act (P.L. 88-164) codified consultation as an essential service to be available in any center or school receiving federal funding for mental health services. Prior to the 1975 passage of P.L. 94-142, school psychologists typically applied clinical practices in schools for students with "school adjustment problems" (Erchul & Martens, 1997, p. 8). This was a role that school psychologists preferred, but they also spend a significant amount of their time as educational diagnosticians (Fagan & Wise, 2007). Fagan and Wise (2007) characterize the two roles as "repairers" and "sorters," with surveys of school psychologists historically indicating a preference for "repairing," that is, interventions that include counseling and consultation.

Defining Consultation

While there are multiple theoretical models of consultation, there is no universally agreed upon definition of "consultation" (Gutkin & Curtis, 2008; Erchul & Sheridan, 2007). However, there are generally agreed upon core characteristics that help to distinguish consultation from other human service processes, such as teaching or counseling. Gutkin (1996) identified several commonalities between all models of consultation, thus establishing core principles that are largely agreed upon. According to him, there are two goals to consultation; (a) support for the consultee to help solve the

presenting problem and (b) to enhance the ability of consultees to prevent the same issues from arising in the future, or to at least mitigate the seriousness of similar problems. This assertion is supported widely in the literature (Erchul, 2005; Gutkin & Curtis, 1999; Zins, Kratochwill, & Elliott, 1993). Gutkin (1996) considered consultation to be a voluntary process by definition, aligning with two of his important elements of the consultant-consultee relationship, namely that the consultant does not have authority over a consultee and that the consultee is receptive to the consultation process. However, it should be noted that consultative relationships might not be structured as such in practice in public schools. For example, a school administrator may require teachers to meet with a consultant. In these cases, the voluntary nature extends to the administrator or school district, which is under no legal obligation to employ a consultant (Gutkin, 1996).

Gutkin (1996) described consultation is a problem-solving process, though each model delineates steps differently. Gutkin and Curtis (1990) suggested a seven-step problem-solving process that includes (a) defining and clarifying the problem, (b) determining why the problem is happening (including environmental factors contributing), (c) brainstorming, (d) selecting an intervention strategy, (e) assigning roles and responsibilities to the adults, (f) implementing the strategy, and (g) evaluating the effectiveness of the intervention. Each of the subsequent models presented includes each of these steps, although they may be described differently or subsumed within a single step.

Consultation is described as a collaborative process, with each individual having some expertise to contribute (Idol, Paolucci-Whitcomb, & Nevin, 1995). However,

Caplan and Caplan (1993) indicated a distinct difference between consultation and collaboration, finding them to be mutually exclusive in several ways. Mental health consultation is differentiated from collaboration by the consultant being based outside of the organization, having little to no direct contact with clients, and a dyadic (consultant and consultee), rather than triadic (consultant, consultee, client), relationship. Mental health collaboration is described as occurring when the consultant is part of an organization, has some client contact, and a shared responsibility with other professionals for client outcomes (Caplan & Caplan, 1993).

Mental Health Consultation

The literature points to mental health consultation (MHC) as having originated with Gerald Caplan in Israel in 1949. Caplan (Caplan & Caplan, 1993) found that many of the children in residential centers referred for counseling were not mentally ill, but rather "getting on the adults' nerves," (p. 4). In addition, patterns emerged from different centers regarding the behaviors of children being referred, such as high incidences of bed-wetting or of aggression in school. Caplan stated,

> We began to spend most of our time discussing, not the diagnostic classification of the child, but the various management possibilities that were available to the instructor. We concentrated on an instructor's perception of his pupil and tried to help him deal with the child's problem as he saw it. (Caplan & Caplan, 1993, p. 4)

Caplan (Caplan, Caplan, & Erchul, 1994) renamed his approach "mental health consultation," as the focus of the interactions remained on child (client) outcomes and

because the counselors (consultees) were not the recipients of psychotherapy. He noted significant findings in his work with the adults, including widespread stereotypical perceptions of "problem children" and emotional turmoil in the adult's life being reflected in their interactions with children.

Caplan (1962) defined two essential characteristics of mental health consultation, both of which have become core principles of school-based consultation today. He described one central aspect as being, the primary, professional responsibility for the child remains with the consultee. The consultant is not responsible for client outcomes because the consultee is charged with implementing the interventions. Another defined principle was that the consultee is expected to gain knowledge from the consultant for a current situation and apply that knowledge to any future problems.

Caplan (1962/1995) defined four types of consultation. Client-centered case consultation was described as the most common type. In these scenarios, a consultee who is having difficulty with a client's internalizing or externalizing behavior calls on a mental health specialist for advice or support. The consultant observes the client, makes a diagnosis, and provides a report and recommendations. The primary goal is to help the client, with a subsequent benefit being the consultee's improved knowledge (Caplan, 1962/1995). He emphasized the need to listen to the client and to figure out how best to communicate.

> The more a consultant knows about the consultee's language, conceptual framework, and ways of working, the better will he be able to formulate his diagnosis in understandable words and to suggest treatment that the consultee can

carry out effectively in his professional setting. (p. 10)

The second type of consultation Caplan (1962/1995) described is program-centered administrative consultation, in which a consultant is called upon to support any aspect of the administration of a program charged with the prevention or treatment of mental illness, including planning, policies, and personnel decisions. Developing an understanding of the culture of the institution can improve the consultant's ability to develop feasible recommendations, as he or she will be relying on data collected by the consultees. Caplan noted that consultees' reports would invariably contain some degree of bias or distortion, as is human nature.

Consultee-centered case consultation, perhaps less common in school settings, focuses on working with the consultee, "to assess the nature of the consultee's work difficulty and to help him handle this" (p. 12-13). Caplan identified four major areas of concern that could impact a consultee's ability to be effective: (a) lack of understanding of the psychological factors in the case; (b) lack of skill or resources to deal with the problems involved; (c) lack of professional objectivity in handling the case; and (d) lack of confidence and self-esteem due to fatigue, illness, inexperience, youth, or old age. (p. 13). The fourth type of mental health consultation is consultee-centered administrative consultation. The goal of this form of consultation is to support consultees in their ability to manage programs and to deal with the interpersonal facets within a program.

Behavioral Consultation

Bergan and Kratochwill (1990) defined behavioral consultation as "the application of behavioral theory and research in consultation services" (p. 3). This type of consultation is one of the most frequently referenced in the field of school psychology. Contrasted with Caplan's mental health consultation, which is heavily influenced by psychoanalysis, behavioral consultation draws from behavior modification and behavior therapy, and requires a consultant to be knowledgeable in applied behavior analysis (Kratochwill & Bergan, 1990).

While there have been several iterations of what is now known largely as behavioral consultation (D'Zurilla & Goldfried, 1971; Goodwin & Coates, 1976; Tharp & Wentzel, 1969), all include four steps. Problem identification, in which an interview is conducted to specify the issue in "observable, behavioral terms," (Erchul & Schulte, 2009, p. 17) is the first, critical step in the process. The interview establishes expectations for the use of behavioral interventions, as contrasted with the use of the medical model, and it emphasizes the role of environmental factors in the situation. The purpose of the interview includes not only identification of the problem, but also client strengths, conditions in which the behavior occurs (i.e., antecedents and consequences), goals for a change in behavior and a data collection plan (Erchul & Schulte, 2009).

The second step is problem analysis (Erchul & Schulte, 2009) in which the primary objective is to design an intervention based on the analyzed data. Additional objectives include verifying baseline data and continued analysis of conditions in which the behavior occurs. The goal is to develop an intervention plan that can be easily

incorporated into the client's "ecosystem," as this increases the likelihood that a consultee will be able to implement the intervention. Alternative interventions are identified as well. The third stage is plan implementation and includes ongoing communication between consultant and consultee. Gutkin and Curtis (2008) indicated that consultants should not assume that a well-intentioned consultee would be able to properly implement a plan, due to inherent "human nature." Interpersonal relationships are complex and nuanced, and these intricacies will influence the outcome of any intervention. These intangibles are, in part, why the fourth stage is described as so critical. Problem evaluation (sometimes referred to as treatment evaluation) is a joint determination, between the consultant and consultee, whether or not the intervention was successful. Specific criteria include "internal validity, external validity, plan continuation, plan modification, generalization and maintenance, follow-up assessment, future interviews, [and] termination" (Beaver & Busse, 2000, p. 268).

Conjoint Behavioral Consultation

Behavioral consultation has begun to evolve into a model known as conjoint behavioral consultation (Sheridan & Kratochwill, 2007). Recognizing the need for developing partnerships with parents to facilitate and support school progress, Sheridan and Kratochwill (2007) developed a framework for building these relationships. Contrasted with a "traditional" model in which communication is often one-directional and concentrated on a problem, CBC is described as being designed to establish home-school partnerships that are "collaborative and interdependent and embrace shared

responsibility for educating and socializing children," (Sheridan & Kratochwill, 2007, p. 2). It is defined as "a strength-based, cross-system problem-solving and decision-making model wherein parents, teachers, and other caregivers or service providers work as partners and share responsibility for promoting positive and consistent outcomes related to a child's academic, behavioral, and social-emotional development," (Sheridan & Kratochwill, 2007, p. 25). Other stated goals include promoting parent engagement and developing and maintaining home-school partnerships.

Conjoint behavioral consultation utilizes the same steps as behavioral consultation: problem identification, problem analysis, plan implementation, and treatment evaluation. In addition to the stated goals, it identifies both outcome objectives and process objectives, indicating that the means by which the participants arrive at interventions is as important to the process as the outcome. Encouraging all participants to be active in the process is also a key to developing effective interventions. While the interactions are intended to be dynamic processes, interviews with consultees are "structured, supported interviews," (Sheridan & Kratochwill, 2007, p. 27) but are not linear or unidirectional.

The most distinct difference between BC and CBC is the shift towards an ecological systems approach to be incorporated with behavioral theory. "Ecological behavioral theory demands attention to the child and his or her behaviors, but only in relation to the systematic influences that surround the child when assessing concerns and developing interventions" (p. 7). Once a child reaches school age, 70 percent of their waking hours are spent outside of school. Sheridan and Kratochwill (2007) argued that,

with multiple adults in a child's life, collaboration and cooperation are necessary. Families need to be part of a problem-solving process in order to ensure continuity for a child.

Teacher Responses to Consultation

There is variation in the research about teacher responses to consultation. The source of variance tends to be who is assessing the response. Teachers frequently report satisfaction with the process of consultation. Sheridan, Eagle, Cowen, and Mickelson (2001) found that teachers and parents reported high levels of satisfaction with conjoint behavioral consultation for students with disabilities and those at-risk for behavioral or academic problems. Kratochwill, Elliott, and Busse (1995) also indicated teacher support for behavioral consultation, reporting that teachers were satisfied with the treatments implemented, as well as with the performance of consultants. Gutkin (1980) found that 84 percent of teachers reported that it was advantageous to have a psychological consultant available and 96 percent of teachers responded that they wished to be part of the consultation process.

Schulte, Osborne, and Kauffman (1993) compared classroom teacher responses to two types of consultation, both from a special education teacher. One group of classroom teachers received consultation and direct instruction to a targeted student and the other received consultation and instruction on strategies, but no direct instruction to a student. Overall, teachers indicated a preference for collaborative approaches to support students over referrals to a resource room, but teachers who did not see direct instruction to

students did not significantly differ in their preference rating for consultation from a neutral rating. The authors posited that "teacher time" is a factor in why teachers preferred a collaborative approach. They found that when the consulting teacher is able to share in the implementation of interventions, there was a more favorable response by the general education teachers (Schulte, Osborne, & Kauffman, 1993).

Despite their generally positive reports with consultation, teachers are often reported to be or perceived to be resistant to consultation to others (Gutkin & Hickman, 1990; Gonzalez, Nelson, Gutkin & Shwery, 2004; Atkins et al., 2008). Consultants often blame teachers when the process "breaks down" (Gonzalez et al. 2004, p. 31) and consultee reports of effectiveness or satisfaction are not often accurate (Gutkin, 1993). While consultation is characterized as a voluntary process (Gutkin, 1996), teachers may or may not be voluntary participants if it is required by their administrators. Despite reported teacher support for consultation, the perception of teachers being resistant to consultation seems to remain. Gonzalez, Nelson, Gutkin, and Shwery (2004) sought to identify reasons for teacher resistance. They hypothesized that variables about the teacher, school psychologist, and the organization (such as personal characteristics, perceived efficacy, and administrative support) would be greater predictors of teachers' reported satisfaction with consultation than variables such as school demographics or consultation model. The study found little support for the notion that teachers are resistant to consultation. However, some research has indicated that consultees who were more assertive during consultation were less cooperative and less likely to implement tasks (Hughes, Erchul, Yoon, Jackson, & Henington, 1997).

Teachers' perceptions of the reasons or the causes for challenging student behavior may have an impact on their ability or willingness to work effectively with a consultant. Some research indicates that teachers generally attribute school failure to a student's own characteristics or their home life, rather than elements of the classroom or instruction (Soodak & Podell, 1994). One study found that "teachers attribute 97 percent of the causes for referred students' difficulties in elementary classrooms to factors external to the instruction or school setting" (Christenson, Ysseldyke, Wang, & Algozzine, 1983, p. 178). Athanasiou, Geil, Hazel, and Copeland (2002) used a qualitative methodology to assess teacher and psychologists' beliefs about student behavior problems and their corresponding effect on their perceived effectiveness of consultation. Their findings were generally consistent with the existing research, namely that teachers believed that factors within the students themselves or their family situations played a larger role in student behavior and tended to minimize their own potential contributions. Overall, teachers did not attribute changes in student behavior to consultation. As with all qualitative research, the authors were careful not to overgeneralize, but it is worth noting that the notion that teachers may not report consultation as an effective practice for supporting students with behavioral needs can impact their willingness to continue participating in consultation or in utilizing consultant feedback. These findings are contrary to existing research indicating that teachers are receptive to consultation and report it to be effective. However, this speaks to the challenges of assessing effectiveness. Are these contrary findings or is it possible that teachers report consultation inconsistently? As will be discussed later, there is a lack of

empirical evidence for assessing the effectiveness of consultation.

When studying consultants and consultation, a number of different types of personnel serving as consultants have been examined. Gonzalez, et al. (2004) noted that much of the previous research examined teacher perceptions of the effectiveness of graduate students in school psychology as consultants rather than field-based school psychologists. Much of the research utilizes graduate students newly trained in consultation (e.g., Busse, Kratochwill, Elliott, 1999; Lepage, Kratochwill, Elliott, 2004; Sheridan, et al, 2001). No studies were identified that examined teacher perceptions of consultants who are based in the community, rather than those who part of a school, such as school psychologists.

Gilman and Gabriel (2004) examined perceptions of the role of school psychologists and found that both special and general education teachers were less knowledgeable than administrators about the function of school psychologists. In addition, teachers perceived school psychologists to be much less helpful than administrators in supporting both students and teachers. These perceptions of school psychologists may contribute to the notion that teachers are resistant to consultation. Gilman and Medway (2007) extended the 2004 study and further compared the responses of general and special educators to school psychologists and found special educators were more likely than regular educators to utilize recommendations of a school psychologist and that regular education teachers seemed to believe that they were not necessarily part of the collaborative process. However, the notion of "collaboration" as an integral component of consultation has been the subject of debate.

Collaboration and the Dynamics of Consultative Relationships

Witt (1990) stated that it is logical to assume that consultation is collaborative. However, as he pointed out,

> The origin of this most hallowed of consultative dictums is unclear to me because it appears to rest on less than incontrovertible empiricism. Perhaps the founding fathers and mothers of consultation, faced with carving out an identity for a new endeavor, did what advertising executives, religious leaders, and politicians have always done to bolster the foundation and support for a good cause: They made it up. (p. 367)

This indictment did serve its purpose, which was to spur further research on better defining and measuring collaboration. As Witt also stated, "I believe such research [consultation] is a dead end if it cannot be shown that collaboration is related to important outcomes" (p. 369).

Idol, Paolucci-Whitcomb, and Nevin (1986) defined collaboration as "an interactive process which enables teams of people with diverse expertise to generate creative solutions to mutually defined problems" (p. 1). It is generally understood that all members of a consultative relationship have an important contribution to make to improve a client's outcome and it implies that consultees and consultants are equals in the relationship. Witt (1990) referred to collaboration as a "mandate" (p. 367) in the field of school-based consultation.

Collaboration has numerous definitions and constructs. Differences in

interpretation are especially evident in comparing research in different fields of study, namely in education (particularly special education) and school psychology. Education literature focuses largely on defining collaboration as a process for serving student needs, with the underlying assumption being that professionals are able to work together. Researchers in school psychology have sought to explore more of the interpersonal mechanisms that influence the outcome of both collaboration and consultation processes, including patterns of relational communication (Erchul et al., 1999; Hughes et al., 1997) and social power bases (Erchul, Raven & Ray, 2001).

Pugach and Johnson (2002) stated, in spite of the frequency with which educators discuss collaboration, that teaching is "historically a highly isolated, rather than collaborative profession" (p. 28). They noted collaboration did not emerge as a deliberate endeavor in schools until the 1980s, with the exception has been in special education and psychology. They pointed out that school psychologists have long been recognized as having expertise in supporting students with disabilities and, historically, have offered consultative services. They explained that, as schools have shifted from self-contained model towards a resource room model with pullout services, it gave special education teachers more opportunity to interact with regular educators. However, these interactions were not always collaborative in nature, but rather more hierarchical with special educators and consultants been seen as experts. This "expert model of consultation was characterized by a one-way channel of communication in which the consultant provided the expertise to develop an intervention plan and the classroom teacher used it" (p. 29). Pugach and Johnson further noted that a shift towards a more "collaborative consultation"

model began when it appeared that teachers were not implementing given interventions and a more egalitarian approach was sought. Collaborative consultation became a more palatable model because of its nonhierarchical nature and the vision of teachers as equal partners in the process (Pugach & Johnson, 2002). Special educators working in conjunction with general educators is the most prominent collaborative relationship described in the literature. However, a recent literature review examining the studies on outcomes of collaboration between general and special educators indicated mixed results for both academic and behavioral outcomes for students with disabilities (Van Gargeren, Stormont, & Goel, 2012). The authors indicated, given the number of positive, negative, and neutral outcomes across multiple studies, "to state that collaboration 'works' is not possible" (p. 494). However, they stressed the potential for collaboration to be effective, given adequate infrastructure within schools and further research in the area.

Also germane to understanding the role of collaboration is the "paradox of school psychology" (Gutkin & Conoley, 1990; Gutkin & Curtis, 2008). In order to help students, school psychologists are charged with first focusing on the adults. "Interpersonal influence with adults should be viewed as a key to successful school psychological services for children" (Gutkin & Curtis, 2008, p. 593), so it stands to reason that the ability to effectively work with others is an essential element for successful consultation.

Sheridan (1992) suggested that collaboration be considered "an overarching framework or philosophy for education" (p. 90), as opposed to a strictly defined mechanism or product. Gutkin (1999a, 1999b) and Erchul (1999) engaged in a philosophical debate about the role of collaboration in consultation but agreed that a more

precise operational definition of collaboration would help to move the field forward. The debate considered the methodologies used to examine outcomes of consultation, as well as the differences between the implementation of consultation as it related to interpersonal interactions. The underlying question was, can consultation be considered collaborative if all parties are not truly equal, whether in responsibility to the client, amount of participation in the process, or the perceived power or influence wielded?

The framework undergirding the collaboration debate is the nature of the interactions between individuals participating in consultation. Drawing on existing research methodologies in psychology, researchers began applying qualitative methods, including the use of content and relational coding systems to explore consultation interactions (Erchul & Chewing, 1990; Erchul et al., 1999). Content coding systems examine the literal meaning of verbal behaviors and relational coding "emphasize(s) the connectedness of individuals as well as the pragmatic aspects of messages" (Erchul et al., 1999, p. 122). Variables such as "dominance" and "domineeringness" were defined and examined in the verbal interactions between participants in a number of studies utilizing control codes based on relational coding systems. Erchul found that consultants controlled all of the three behavioral consultation interviews included in the study and that consultant dominance was positively correlated with perceived effectiveness, thus challenging the idea that consultation is nonhierarchical. Subsequent research exploring verbal exchanges also produced results that indicated a less than equal division of reciprocity between consultants and consultees (Erchul & Chewing, 1990; Witt, Erchul, McKee, Pardue, & Wickstrom, 1991).

While consultation is frequently described as a triadic relationship (i.e., Noell & Witt, 1996), the majority of research on communication focuses on the dyadic relationship between the consultant and consultee. One particular area of focus has been on social power. Social power is "the potential for one individual to change the beliefs, attitudes, or behaviors of another" (French & Raven, 1959) and the closely related notion of social influence is the observable change in behavior due to another's social power. The authors argued that the understanding of social power is a foundational aspect of all interpersonal relationships and its successful use can lead to an effective delivery of consultative services, to both the consultee and the client. The research has also delineated "hard" and "soft" bases from these social powers. Soft bases are those considered to be noncoercive, subtle, and positive (Erchul, Raven, & Whichard, 2001) and are more likely to be utilized because of their perceived effectiveness by school psychologists. This is in contrast to techniques that utilize hard bases, which are considered overt, heavy-handed, and punitive. It was also noted that the consultant-consultee relationship is most closely compared to that of a professor and student, rather than a supervisor and subordinate (Erchul, Raven & Ray, 2001).

Research on Outcomes of Consultation

The broad use of consultation implies that it is generally considered to be an effective intervention. However, there is little empirical research supporting this. Erchul and Sheridan (2007) found that, since 2000, there had only been two meta-analyses or comprehensive reviews of consultation outcomes and only a total of 7 reviews in the

prior twenty years. Reviews of consultation outcomes have been consistent in concluding that the existing research base is incomplete and requires more research with increasing methodological rigor. Sheridan, Orme, and Welch (1996) found that while improving consultee's skills are a commonly stated goal of consultation, it is rarely measured. In addition, there are few studies that assess whether consultation improves teachers' ability to generalize new skills. Lewis and Newcomer (2002) also described the research emphasis on implementation of the process, rather than outcomes for students or teachers. In addition to the lack of empirical evidence about the effectiveness of consultation, there is little known about the role that consultation plays on teachers' implementation of interventions (Gresham & Noell, 1993).

Fuchs, Fuchs, Dulan, Roberts, and Fernstrom (1992) pointedly asked, "Where is the research on consultation effectiveness?" Literature on consultation effectiveness from 1961 to 1989 was examined in their review. It was found that over that 28 year period, a total of 119 articles were published primarily in the fields of psychology and special education. On average, psychology journals published about two articles per year and special education produced less than one per year. Fuchs et al. found that only nine studies examined outcomes for high school students and only 13 percent looked at the effects of mental health consultation. Behavioral consultation was evaluated in more than half of the reviewed studies. It was also noted that relatively few studies (approximately 27 percent) used student academic achievement as a measure of outcome. While consultants may address mental health issues, it logically follows that improved mental health will often result in increased ability to complete academic tasks. As Athanasiou et

al. (2002) noted, teachers in their study tended to measure consultation effectiveness by academic outcomes. They also concluded that many of the studies were not well conceptualized or designed, in part because of the challenges inherent to implementing consultation and its interventions.

Sheridan, Welch and Orme (1996) examined research on consultation outcomes from 1985 to 1995 and found that a majority of results indicated at least some positive outcomes from consultation. Their findings were consistent with other literature review and critiques from the 1970s, which also indicated a significant number of positive outcomes. Of the 17 articles Sheridan et al. (1996) reviewed, 76 percent yielded "at least some positive results," (p. 344) and negative results were reported in 4 percent of the studies. Like the findings of Fuchs et al. (1992), behavioral consultation was disproportionally represented in the research with 46 percent of outcome studies, but also yielded at least one positive outcome in 95 percent of the studies. Mental health consultation produced positive results in 3 of the 5 studies examined but did not produce any negative results. Models that did not fit into one of the prominent categories found mostly neutral results (77 percent).

Sheridan, Welch, and Orme (1996) found, similar to Fuchs et al. (1992), that the number of studies that targeted client academic outcomes was 22 percent of those reviewed. Client behavioral concerns were the most frequently cited targets. It should be noted that the focus of many studies in the research reviewed by Sheridan, Welch, and Orne included multiple consultation targets, e.g., client (student) behavior, consultee skills, consultee attitudes, and patterns of referral. In measuring outcomes, most studies

utilized multiple measures that included observations, checklists or ratings scales, and assessments. Only 15 percent used number of special education referrals as an outcome measure. One significant finding from a 2000 meta-analysis (Reddy, Barboza-Whitehead, Files, & Rubel, 2000) found that 96 percent of studies conducted between 1986 and 1997 focused on children and adolescents 5-12 years of age. Less than 1 percent targeted only adolescents.

Some more recent research focused on consultation for specific disabilities such as Attention Deficit Hyperactivity Disorder (ADHD: Jitendra, et al., 2009) or specific interventions or strategies. For example, Volpe, DuPaul, Jitendra, and Tresco (2009) found limited academic gains for students with ADHD receiving consultation-based interventions in two different treatment groups. Ruble, Dalrymple and McGrew (2010) found that children on the autism spectrum demonstrated improvement on individualized education program (IEP) objectives after teachers utilized a collaborative consultation program.

While most studies cite generally positive outcomes from consultation, the literature is consistent in its critique of the methodology in studying consultation. The most widely cited theme is that much of the existing research lacks sophistication. Research has been criticized as lacking in rigor (Sheridan et al., 1996), "poorly conceptualized and executed" (Fuchs et al., 1992, p. 162), and lacking in a "level of operational specificity necessary to address the research methodology problems" (Gutkin, 1993, p. 229). Many studies have not utilized a control group or used a true experimental design, but rather have been largely descriptive in nature (Gresham & Noell, 1993,

Graham, 1998). Even research that utilized a group experimental design is lacking because it does not allow for testing of interaction effects of any number of variables, including consultant's experience and behavior during consultation, a consultee's management style and attitude about consultation, and client's school and family history (Gresham & Noell, 1993). Reddy et al. (2000) critiqued the methodology of the existing literature reviews on consultation outcomes, indicating "the tallying of positive or negative findings provides practitioners no information on the strength of significant and nonsignificant findings and the magnitude of change produced by a given intervention" (p. 3).

Putting Research into Practice

One of the confounding aspects of consultation and research about consultation is the number of individuals who have a role in the consultative process. There is a necessary "trickle-down" effect through the consultation process. A researcher must train a consultant; a consultant trains a teacher; a teacher implements an intervention with a student, with a number of other individuals who may become other links in the chain, including research assistants, school administrators, and paraprofessionals. While this process may represent a specific training model, the notion that many individuals are involved in the consultative process is universal. The more individuals involved, the greater the likelihood for there to be miscommunication that could affect the implementation of an intervention (Fuchs et al., 1992).

Sheridan, Swanger-Gagne, Welch, Kwon, and Garbacz (2009) outlined the need

to measure the fidelity of intervention implementation. First, effectiveness of an intervention can only be inferred if it is known whether or not it was implemented and causal inferences are only possible if the independent variable (i.e., treatment) is known. In addition, treatment effects can only be determined if it is known whether an intervention was used. Inaccurate or incomplete research on fidelity or the effectiveness of implementation may lead to the wrong treatment being used.

Gresham and Noell (1993) posited that research is rarely used by practitioners, due in part to the "user-unfriendliness" of data. They suggested that the generally weak design of much of the research makes it irrelevant to practitioners. Noell and Witt (1999) examined factors that lead to the implementation of an intervention and found implementation to be inadequately measured, in part because of the lack of specificity in definitions. As aforementioned, there is little consensus on a universal definition of consultation and therefore, elements of consultation are also poorly defined, as measured by an agreed upon operational definition. Noell and Witt also noted that, because of the indirect nature of consultation, researching its implementation is further complicated because the implementation of an intervention is both an independent and dependent variable. Implementation is an independent variable when the dependent variable is client behavior change; it is the dependent variable with the consultation procedure as an independent variable.

Professional Organizations Positions on Consultation

Despite the widespread use of consultation, no evidence of professional

organizations having taken specific positions related directly to consultation could be located. Several organizations indicate support for the provision of mental health services in schools through position papers and professional standards for practice, however. The American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and Mental Health America all specifically advocate and support mental health services in schools. The American Academy of Pediatrics advocates a three-tiered model of services that includes preventative services for all students, targeted interventions to students with an identified mental health need, and intensive services for students with severe needs (American Academy of Pediatrics, 2004; 2009). The American Academy of Child and Adolescent Psychiatry offers practice parameters for consultation to schools that includes guidance on provisions of IDEA, Section 504 of the Rehabilitation Act of 1973, components of an Individualized Education Program (IEP), special education legislation, sample accommodations and modifications and classroom management techniques (AACAP, 2005).

The National Association of School Psychologists (2008) "advocates for the provision of coordinated, comprehensive, culturally competent, and effective mental health services in the school setting which include prevention and early intervention services as well as therapeutic interventions" (p. 1). The American School Counselor Association does not indicate a specific position on mental health services in schools, but includes responsibilities for addressing the "educational, academic, career, personal and social needs" (p. 1, Sec. A.1.b), as well as making referrals to other professionals as needed. Interestingly, seeking "physical or mental health referrals" (Section E.1.b) for

self is a professional standard for counselors. The Council for Exceptional Children calls for special educators to provide "consultation and assistance" (CEC Standards, para 11) to other personnel working with students with disabilities in both school and non-school environments in their Standards for Professional Practice, but does not indicate any specific position on mental health services in schools. The National Education Association (www.nea.org) and the American Federation of Teachers websites (www.aft.org) do not cite any specific guidelines for working with students with emotional or behavioral disorders, and make almost no mention of mental health in schools.

Mental Health America (formerly the National Mental Health Association) does not take a position on mental health programming or services in schools, but rather addresses such topics as corporal punishment, zero tolerance, and discipline in schools for students with mental health needs. They indicate that a proactive approach, such as school-wide positive behavioral support is recommended for this student population (Position statement 45, 2009). MHA also indicates "schools offer an ideal foundation to address prevention, early-intervention, positive development, and regular communication with families" (Position statement 42, 2008).

Summary

The prevalence of children and adolescents with emotional or behavioral needs demands that schools are able to support them throughout the day. A support model that trains school staff to support these students, rather than providing individual clinical

services, may be an efficient one given the number of students needing support. Core principles, including supporting the consultee with the presenting problem, building capacity to prevent the same problems in the future, the non-evaluative nature of the consultee-consultant relationship, and the presumption of collaboration are generally agreed upon by most researchers and practitioners.

Consultation for students with emotional or behavioral health needs has been in practice for more than half a century. Despite this, there is little empirical evidence that shows it to be an effective intervention. Most studies suggest that there is a positive impression of consultation, but little research on the outcomes. There are a number of challenges to assessing consultation outcomes. One significant challenge is the difficulty of measuring the implementation of an intervention, as it is simultaneously an independent and a dependent variable. Research also focuses on school psychologists or graduate students as consultants; there is little research on community-based providers as consultants, despite its widespread use.

Chapter 3

The purpose of this study was to examine how members of a school community perceive the investment in and the value of school-based consultation by external consultants to support students with emotional or behavioral health needs in school settings. Special education teachers, general education teachers, counselors, related service providers, and school and district administrators, were interviewed about their experiences with an external consultant providing consultation within a public school, with an emphasis on their perception of the investment in consultation. School personnel such as school psychologists or behavior specialists who may consult with teachers but are salaried employees of a public school district were not considered consultants for the purposes of this study.

General and special education teachers, related service providers, and administrators were asked about their experiences with consultation for students with behavioral health needs, with an emphasis on the "investment" in consultation. "Investment" is defined generally as the "the resource (i.e., time, money, personnel) being spent." For the purposes of this study, "school-based consultation" is defined as

> An indirect service approach whereby school districts seek assistance from a professional outside the school district that is designed to support or improve the skill set of administrators, teachers, and staff who service students with emotional or behavioral health needs.

The central question was, "How do members of the school community describe

the experience of consultation as it relates to the time and resources given to it?" Related to the central question were sub questions about the implementation and management of school-based consultation, interactions between participants, and procedural questions related to the consultation process, all of which contribute to a rich, thick description of the consultation experience.

Implementation and management sub questions

- Why do schools choose to use school-based consultation? How do schools decide to use school-based consultation?
- What do schools expect from school-based consultation?
- What factors affect schools' decision to continue to use school-based consultation?
- What factors make schools discontinue the use of school-based consultation?

Interaction sub questions

- How do participants describe the quality of school-based consultation?
- What influences the use of feedback?
- What makes school-based consultation effective? What makes school-based consultation valuable?
- What makes school-based consultation ineffective? What makes school-based consultation not worthwhile?

Procedural sub questions

- Are different models or frameworks of school-based consultation utilized? (i.e., mental health consultation, conjoint behavioral consultation)
- Does the consultative setting, such as individual meetings or multidisciplinary team meetings, affect the descriptions of the process?
- How is success or a positive outcome described or defined?

Participants

A purposive sample of members of four school district communities who meet with an external school-based consultant were recruited from districts in the suburbs of Boston. School districts with similar demographic profiles were selected in an effort to

minimize the potential effects of confounding variables. This included special education and general education teachers, related service providers, guidance counselors, special education and school administrators. Demographic data for each district at the time of data collection are presented in Table 1. Pseudonyms for school districts and study participants were utilized to maintain confidentiality.

Table 1

Demographic profile of participating school districts (pseudonyms)

	Baldwinsville	**Marcy**	**Fairview**	**Fulton**
Total population (2009)	14,044	19,962	12,035	14,463
Per capita income (1999)	$114,676	$100,709	$96,494	$89,239
K-12 population (2009-2010)	2,256	3,232	2,353	2,735
Economically disadvantaged (2009-2010)	9.0%	7.6%	4.7%	6.8%
K-12 population by race (2009-2010)	White 90.4% African-American 3.2% Hispanic 3.5% Asian 1.8%	White 92.0% African-American 2.7% Hispanic 3.0% Asian 1.5%	White 90.8% African-American 1.6% Hispanic 2.7% Asian 3.6%	White 93.2% African-American 0.5% Hispanic 1.6% Asian 2.9%
Special Education population (2009-2010)	13.4%	15.6%	12.4%	15.3%
FY 2009 Total Budget	$29,331,389	$39,970,622	$25,197,375	$30,933,122
FY 2009 Per pupil expenditure	$12,323	$11,788	$10,600	$10,888
FY 2009 Total SpEd budget (% of total)	$2,022,001 (6.89%)	$2,311,557 (5.78%)	$2,065,321 (8.2%)	$2,505,533 (8.09%)
FY 2009 Out-of-District budget (% of total budget)	$2,970,473 (10.13%)	$2.044,416 (5.11%)	$1,400,248 (5.56%)	$2,101,286 (6.79%)

FY 2009 Out-of-District per pupil expenditure	$34,222	$20,672	$40,353	$41,283

Sources: *Massachusetts Department of Revenue, Division of Local Services; Retrieved from https://dlsgateway.dor.state.ma.us/DLSReports/DLSReportViewer; Massachusetts Department of Elementary and Secondary Education, Retrieved from http://profiles.doe.mass.edu/search/search.aspx?leftNavId=11238; US Census Bureau, American Community Survey, Retrieved from https://www.census.gov/programs-surveys/acs/*

Initially, middle school and high school communities were selected because of the structure of those schools, namely that students are exposed to multiple teachers across the course of the day, contrasted with the elementary model in which students spend the majority of a school day with the same teacher. However, the search was broadened to include Pre-K through grade 12 in a public school to expand the sample and attain a more comprehensive perspective related to each district. Purposeful, snowball sampling was utilized at the outset, as this researcher had professional contacts in school districts that were known to utilize external mental health consultants.

Two consultants were interviewed to provide additional context for the school community members' responses. Creswell (2007) indicated that phenomenology studies have participant ranges from one to 325. Multiple participants from each personnel group (i.e., special education teachers, general education teachers, administrators, and parents) from each school were sought for interviews in order to obtain multiple and varied perspectives on consultation, which will contribute to a rich, thick description of the phenomenon. As previously stated, school districts did not consent to the researcher interviewing parents, citing confidentiality. However, participants from multiple school personnel groups consented to participating, including administrators, special education

teachers, and counselors.

Specific criteria were used to select participation for each of the groups. The groups targeted included special education teachers, general education teachers, other direct service providers, and administrators. The participants and their roles are listed in Table 2. Criteria for each group are specified below.

Special education teachers:

- Who are licensed teachers (not paraprofessionals);
- Who teach or support students with emotional or behavioral health needs served by a consultant;
- Who may not teach a specific content area to targeted students, but only provide resource room support or only provide support for general education teachers when student is fully included and
- Who meet regularly in scheduled meetings at established intervals with at least one consultant.

General education teachers

- Who are licensed teachers (not paraprofessionals);
- Who provide direct instruction to students with emotional or behavioral health needs served by consultation;
- Who meet with consultant on a regular, but not necessarily frequent, basis and
- Who meet with consultants in a variety of settings, including individual meetings, staff meetings, or IEP team meetings.

Other school personnel

- Who are professional members of the school community that meets with the consultant to support students with challenging behaviors; e.g., guidance counselors, speech pathologists, occupational therapists, and social workers;
- Who have a professional degree in their field (i.e. Masters in Counseling, LICSW, CCC-SLP, OTR/L) and
- Who meet with the consultant on a regular, but not necessarily frequent, basis

Administrators

- Who serve as special education administrators, including special education chairpersons or other district-wide administrators with responsibility for initiating or managing consultation; principals, assistant principals, or other school administrators.

Consultants

- Whose primary employment is outside of the school district;
- Who hold a license as a behavioral/mental health professional (Ph.D. or Psy.D. psychologist, LICSW, MSW, LMHC);
- Who have a contract with school district to provide regularly scheduled, on-going consultation;
- Who must meet with teachers of students with emotional or behavioral health needs;
- Who may or may not meet regularly with administrators and
- Will not include those contracted to provide services only in times of crisis or for episodic professional development (i.e. attend a faculty meeting to present on mood disorders).

Table 2

Roles and affiliations of participants

		Role			
	Building Administrator	**Special Education Administrator**	**Special Education Teacher**	**Counselor**	**Consultant**
Affiliation					
Baldwinsville		Ellen Alice Liz	Jason Melissa	Beth	
Marcy	Brenda	Joanne		Carol	
Fairview		Maria	Mae Lily Margaret	Darryl	
Fulton		Janet	Ann	Cora Matt	
Outside Agency					Dr. Andrews Dr. Nicholas

Research Methodology

This study draws upon the framework of psychological, or transcendental, phenomenology. “A phenomenological study describes the meaning for several

individuals of their lived experiences of a concept or a phenomenon" (Creswell, 2007, p. 57). The purpose is to describe a "universal essence" (Creswell, 2007, p. 58) of an experience based on the description of the phenomenon from several individuals. Van Manen (1990) described phenomenological research as an interaction of several research activities, "investigating the experience as we live it, rather than conceptualize it; reflecting on the essential themes which characterize the phenomenon; describing the phenomenon through the art of writing and rewriting… [and] balancing the research context by considering parts to the whole" (pp. 30-31).

Moustakas (1994) described the process of utilizing transcendental phenomenology as identifying the phenomenon, bracketing the researcher's experiences with the phenomenon, and collecting data from a number of individuals, analyzing the data, and providing a rich, layered description. In psychological phenomenology the emphasis is on a description of the experience of the participants, rather than the researcher's interpretation. Ideally a fresh perspective is achieved, with the researcher having transcended beyond his or her own experience with the phenomenon as if the phenomenon was being viewed for the first time (Moustakas, 1994).

Data Collection

Permission to collect data through interviews was obtained from the Director of Special Education (or the individual with responsibility for special education services) in four school districts in suburbs of Boston, Massachusetts (See Appendix A). After receiving permission from each district-wide administrator, potential participants were

recruited via email. Based upon available online staff directories the researcher contacted a special education teacher, a general education teacher, a special education administrator, and a counselor (guidance or adjustment) from each district to gauge their interest in participating and ask them to consent to a one-on-one interview (See Appendix B).

At least one individual in each district from each personnel group (i.e., teachers, administrators, counselors) was interviewed. Interviews were scheduled at a mutually agreed upon time and at their school, although an alternate setting (i.e. private room at public library) was offered. Informed consent was obtained and included permission to audio record the interview (see Appendices C, D, E). All interested participants consented to the interview as well as the audio recording. Interviews lasted between 20 and 60 minutes. Detailed notes were taken by the researcher throughout the interview.

In an effort to glean detailed, thick responses and to have participants' voices guide the interview, questions were purposely open-ended. Guiding questions from the protocols were used to begin the interview and any follow-up questions asked by the researcher were based on the participant's thoughts and were recorded in the transcription process. Guiding questions for the semi-structured interviews included:

1. Please tell me about your experience working with a mental health consultant.
2. To what extent has consultation affected your interactions with students with mental health needs?
3. Please tell me your thoughts about the time and resources used for consultation.

A sample interview protocol is found in Appendix F.

Two consultants who have worked in one or more of the participating districts also completed interviews. While the primary research question is the perspective of stakeholders, consultants' insight about their experiences was utilized to contextualize those of the stakeholders. A prompt such as, "Describe the approach you use to working in public schools" was utilized. This information provides a framework for understanding the descriptions of the investment, value, and worth of school-based consultation, particularly as it relates to how individuals utilized feedback.

An additional component of data collection was an examination of available financial data from participating school districts. School based consultation consists of a fiscal investment, as well as the investment in human resources. Data were gathered from publicly available records (e.g. school district budgets, Department of Elementary and Secondary Education data).

Data Analysis

Audio recordings of all interviews were listened to, reviewed, and preliminarily analyzed to develop tentative organization of ideas and to identify themes. The interviews were then transcribed verbatim and were checked for accuracy through re-listening to the audio recordings. Interview protocols and the notes taken during data collection were utilized to facilitate reflection and stimulate analytical insights. Interview transcripts and initial findings were shared with participants via email to ensure the accuracy of the transcription and to minimize any researcher reactivity and bias.

Open coding was used bring themes to the surface. In the initial transcript reading, data were categorized into broad themes related to the investment, value, or worthiness of consultation, as well as elements of relationship and dynamics between participants. The coded data were then placed into theoretical categories, utilizing the process of "moving in analytic circles, rather than using a fixed linear approach" as described by Creswell (2007, p. 150). This thematic analysis sought to develop themes by recognizing critical statements to identify ideas that were stated both explicitly and implicitly. Once these significant statements were identified, matrices were developed to examine the areas of overlap in the interviews, connections among common themes, and to link emerging themes with theoretical frameworks and concepts (Creswell, 2007). Textural and structural descriptions were written to support a final, composite description. This composite description of the phenomenon describes the "essence" of the consultation experience.

Ethical Considerations

While there were minimal risks associated with participating in an interview, other ethical issues may arise. One issue is related to disclosure. If the specific nature of the research is divulged, it could result in participants responding in a certain way, but care was taken not to deceive participants. While the consultative relationship is not, by definition, a hierarchical one, school personnel may be required by their administrators to meet with consultants. It is possible that participants may not be as forthcoming about consultation, either positively or negatively as they may otherwise be. Therefore,

confidentiality was assured to all participants and any “off the record” information was removed from the data analysis. Asking questions about and probing the nature of the consultative relationship may cause a change in the relationship. This could have happened at any personnel level within the school. For example, asking a special education director about the investment in consultation may cause him or her to question or think differently about the role of the consultant.

Chapter 4

Results and Discussion

Upon initiating this research study, the central research question was, "How do members of the school community describe the experience of consultation, particularly as it relates to the time and resources invested in it?" Thematic analysis was utilized to identify, analyze, organize, and describe themes from the interviews. This method is used for "examining the perspectives of different research participants, highlighting similarities and differences, and generating unanticipated insights" (Nowell, Norris, White, & Moules, 2017, p. 2).

Thematic analysis revealed there to be significant overlap between participants' statements and the identified themes. Therefore, distilling statements down to a singular theme or category diluted their meaning and diminished the description of the experience. Significant statements by participants, rather than singular themes, are used as headings for the following sections as their words captured the themes related to the benefits of consultation and characteristics or attributes that contributed to the positive experience, the two most prevalent themes that emerged. When readers can recognize an experience, it improves the credibility of the research (Guba & Lincoln, 1989).

"To create change is kind of the key"

Improving school staff's ability to manage challenging behaviors was considered to be one of the potentially biggest returns on the investment of consultation. Fostering the ability to both manage and prevent challenging behaviors suggested that

administrators were seeking both short and long-term solutions. When asked whether she thought it was more effective for consultants to work with staff or students, Maria, a special education administrator, said, "The better thing obviously, is to work with the staff so you're building capacity to handle that. If you hire the person just to do direct service to students you haven't really changed anything." Utilizing school-based consultations as "change agents" for staff was seen as increasing the value of consultation. This manifested in several aspects of capacity building; these included sharing best practices, skill development, individual student support, and improving parent-school relationships.

"He's like a sage from another land"

Part of the value of an outside consultant was their ability to identify strategies that work, often from other schools or districts, and share that knowledge. Several administrators spoke about a consultant bringing good ideas from other districts to their own. One principal, Brenda, said, "His wealth of experience and knowledge over time and having worked in other districts gave us wonderful ways to view something in a new and original way that you don't get on the inside." Another principal, Jane, stated,

> There's such an advantage, especially when I think about it more as a professional development piece for principals who are very isolated, SpEd [special education] chair people, and even the program teachers because they don't get out and about as much; it's wonderful to hear what another district is doing.

According to Brenda and Janet, working across several districts presumably gave

consultants knowledge of what works and this information is shared as best practices. Brenda stated their process during consultation meetings was to "generate the issues, he [the consultant] had to respond, and he had to use the experiences that he's had in other districts and give us help and then he was gone." Darryl, a guidance counselor, highlighted this by saying, "We can talk about what's going on in the school… how we deal with these different things and the individual from the outside can offer us some perspectives from other schools." Several participants spoke to the consultants' ability to help them access additional or different resources. Matt, a guidance counselor said, "She talked about their student assistance program outside of the school… how to meet the needs of kids that we start to identify with personality disorders, how do we support them, and how do we make that bridge [to outside resources]." Janet, an administrator, stated,

> We looked at things like how to access outside services, which Nicholas knew a lot about which was an area of weakness for us… what are the wraparound services from DCF [Department of Children and Families], how do you get any help at all from DMH [Department of Mental Health], we were trying to look at outside agencies because the families in crisis are in crisis in all areas.

Matt echoed this. He indicated that consultants with experience in several districts could offer a unique perspective,

> It's been a catalyst to get all of us together… we can talk about what's going on within the school from a macro [sic], how we deal with these different things, and

the individual from outside can offer us some perspectives from other schools.

Brenda furthered this notion, describing her consultant as "planting seeds as he goes," speaking to his ability to convey information that could be built upon for future use. Ann, a veteran teacher, stated, "I do think that when teachers find something that works, I do think that they generalize it."

Administrators suggested that feedback to teachers was better received from an independent source, as opposed to internal evaluators or supervisors. As Brenda described,

> It's basically a sage from another land. If the person worked here, they [teachers] wouldn't listen as well. I could say the same thing to them and it wouldn't have an impact but someone comes in and says this is what you should do, it has more of an impact, often times.

"I was new. Bring on anybody… everybody!"

Consultation was described as a factor in building teachers' confidence over time, presumably due to an increase in their skill set. Improving the effectiveness of teachers enhances their value to their students, as well as their school communities. Teachers indicated they believed they were developing as professionals as they continued to engage in consultation throughout a school year.

> Towards the end of the year, I think I was learning more about the student, more about what he needed, more about the parents, and it felt like…it [consultation]

> wasn't needed as much... We were more doing it for the parents.

Melissa further stated, "With other students he was not as involved as much but I did try to take some of the stuff in." John, a teacher, indicated that, even when recommendations were not effective, he still described the feedback as useful, "He's given me some strategies as far as using nonverbal communication and it wasn't successful. Nothing was being successful but it was good and inspiring to get another recommendation on how I can help." Jessica, a guidance counselor, spoke of building connections with students with emotional and behavioral health needs and said,

> [To] create change is kind of the key. Because sometimes it's easy to make kids feel good about themselves and that's helpful in and of itself… but that doesn't necessarily create change in the kid. Long lasting change… we all struggle with that. I can't be effective with every kid but the more I can be, the better.

Janet said, "Sometimes an expert is just what's needed because people feel they are spinning their wheels and they think that nobody around here knows."

"Sometimes it's about bringing out your big guns."

Teachers frequently cited consultants' support and expertise in working with parents, both directly and indirectly, as enhancing the value of the consultation experience. They described occasions where they found themselves in need of additional support or in circumstances where they dealt directly with parents and were grateful for the information or recommendations from a consultant. John, who was a first-year

teacher said, “I was able to talk to parents a lot easier because I had all that stuff in mind.” Melissa reflected on a particular case,

> This family, who we could kind of see, was just really demanding. Demanding of time… wanting resources that weren’t really practical to give and it was helpful to have the consultant come in and give a view of his opinion that wasn’t emotionally invested in the same way that we were.

Melissa said, “He was able to see what was going on with the family dynamics, how we were feeding into it, how we could try to get ourselves out of it.” Brenda also addressed the support a consultant provided relative to parents,

> They [parents] fought to have this time with Nicholas and myself and our SpEd [sic] chairperson. So it was kind of helpful to have him there because he kind of explained the disability more to me, more than I knew about it, which was really nice and it was in front of the parents. So the parents had their view and then Nicholas would sometimes be like, well no, he is capable of this and he can do it and it needs to be presented this way.

In talking about how to say difficult things to parents or colleagues, Melissa highlighted the importance of a consultant’s credentials,

> If someone who is more of a neutral party, even more with letters after their name, they’re seen as more of an authority whereas we’re not. Utilizing them in that way to provide more education to teachers is really helpful.

Parents may understand or assume that a teacher's training does not include a significant amount of instruction in mental or behavioral health needs and the use of consultants can augment the teachers' skill set.

Some administrators had a different perspective on the impact of consultation on parent interactions. Some administrators described a more proactive approach, using consultants to work with parents preemptively, rather than in response to concerns. Mae reported,

> I have him work with parents, especially as the early childhood level, we're dealing with them on the initial part of their journey with this, which is extremely difficult and he is very good at that part… he also has his doctorate which I think helps parents, not that they don't trust us but it helps to have someone that's a doctor that's telling you.

She further detailed their proactive approach,

> He runs our parent support groups with me… it's really helpful for them and it's really helpful for me that we've offered it because when people come in and say, 'This has been horrible and no one's helped me,' I can say, 'Where've you been? We've offered all of these significant services to you and you haven't come,'

Brenda suggested that the presence of a consultant may assuage parent concerns and anxieties, regardless of the effectiveness of the consultant: "If you hire the person just to do direct service to students [contrasted with working with staff], you haven't really

changed anything except that in that particular parent may be that's all they would be satisfied with." Another administrator, Mary, said, "So I think that the consultant role is about helping people, parents as well as teachers, see the impact of an intervention that's been implemented. And I think when people have that, that makes really big difference." Administrators also praised the district-wide use of consultants to be able to provide feedback to parents based on longitudinal experience,

> It was a real opportunity because he had followed the student from the middle school to here [high school] … so he was able to comment on the progress he was making. It felt very good for the parents to hear what he had to say in terms of the progress of the student.

Ellen, an administrator in Baldwinsville, indicated the continuity of a consultant working at schools at each level was beneficial to parents, as well as the student. Participants also highlighted utilizing consultation to build credibility with parents as well as staff. As Joanne stated,

> I do think about explaining to parents least restrictive to most restrictive [placements], we exhaust everything here until we move through the continuum. So one of the last things that I think you could do before and outplacement is bring in someone from whatever that special school is.

"Sometimes it's about leveling the playing field, not just about making nice"

Teachers and counselors perceived consultant's credentials and expertise as an

asset that was valuable to the experience. Relatedly, administrators identified the positive value of a consultant's credentials as providing credibility for their programing or their position on a case. This was regarded as particularly valuable in circumstances where parents retained their own outside professionals. As Janet said, "I do use him if I have to talk to a doctor. Sometimes I explain the situation and then I make him do the call. The doctor receives his [the consultant's] information differently than he'll receive it from me." Ellen recounted,

> There are times when we're able to use him to talk to the outside providers that the parents have hired. So if there's a neuropsychologist, if there's another psychologist, if there's a doc [sic], you know, then we can get releases for our doc to talk to their doc and then they can do their doctor talk and kind of keep the [IEP] Team informed… so that's been very effective from the district's perspective because then you're on an even playing field when you're talking from one medical person to another.

Administrators discussed the value of having the credibility of an independent expert on hand for legal reasons as well. Consultants were described as providing knowledge and support around a number of challenging situations, especially around contentious cases in which the Bureau of Special Education Appeals (BSEA) or other legal entities became involved. Their credentials as part of a case that goes to hearing was described as more of an added "bonus," rather than a primary purpose of consultation. Administrators did not report seeking out consultants for the primary purpose of being credible experts in hearings, but rather as a helpful by-product of their support.

"Accessible, confident and knowledgeable"

Participants identified several qualities of the consultants themselves, which contributed to their generally favorable descriptions of school-based consultation. These characteristics were reported to improve the overall value of school-based consultation and are separate and distinct from their impressions of the process. For these purposes, the term asset is used to define qualities and characteristics that contributed to or enhanced the value of consultation.

Professional expertise and personal characteristics or qualities were consistently cited as the primary assets for consultants. Mae praised the consultant she worked with, saying, "I find him really smart and usually he'll give me good advice and he's [got a] very easy manner, [and] he's not judgmental." She also said, "We always laugh with him. He's got a great sense of humor." Janet characterized their consultants, as "accessible, confident and knowledgeable." These qualities in individual consultants are likely factors that contributed to the participants' general positive impression of the experience, as well as their willingness to engage in the process. The consultant's presentation seemed to contribute to a positive, collegial relationship. Participants also described situations in which the consultants' personal qualities detracted from the value of the experience. Some discussed the challenge of making a connection or establishing a working relationship. As Beth shared,

> If I was teaching a class [to consultants], it would be, 'I don't care if you have a PhD. I just really care that you're a human being first.' And sometimes the

> consultations I've received in the past, there has been sort of that superiority kind of thing, which for me, it didn't bother me that much, but it definitely ticked teachers off… You want people to be a human being. You don't want the, 'I'm the PhD, I'm a psychiatrist with 25 years of experience'… or something like that. That is a turn off for teachers, I think. It's a turn off for anyone. It's hard to listen to somebody that's kind of full of themselves.

One of the primary assets of a consultant as described in this sample was extensive expertise in a certain area, often as it related to a disability or diagnosis. As Melissa described,

> While special education teachers are qualified and experienced in helping kids with these issues, we still have a whole lot more on our plate as far as teaching to the curriculum frameworks and getting the kids ready for MCAS [Massachusetts Comprehensive Assessment System], [so] I think it's really useful to have someone in just to specialize.

Clarification of a students' diagnoses was a common description of the expertise a consultant contributed to consultees. "Because he's got his doctorate in clinical psych [ology], we use him for helping with diagnostics; if we weren't sure of a child's diagnosis, PDD, autism, any type of mental illness; he can help refine that for us," said Mae. Beth reported, "I found it very helpful to have a different brain and someone who is more experienced than I am, because I learned a lot and I think it helped me to do my job." As a Baldwinsville administrator stated, "We have to deal with the clinical piece

from an educational perspective." Darryl shared,

> On cases where I was kind of confused; when a kid comes in with a certain diagnosis. That's been helpful…. The more skills we have inside the school the better because all this stuff isn't rocket science. It's just experience and getting some training and having enough resources to take care of it.

Lily, a middle school teacher said, "I think the spectrum of disabilities, both cognitive and social-emotional, and learning are so great that any resource that we can call upon to help is really beneficial." Teachers and administrators acknowledged that they may lack an in-depth understanding of a specific disability or of a mental health diagnosis and were receptive to the outside expertise to support their teaching of the student and identifying a student's educational needs. Participants also expressed a preference for consultants who are able to apply research to a practical setting, as contrasted with a consultant who is not able to take their wealth of knowledge and make it accessible to school staff. As John said,

> I am still learning every single day now, so as much as we could get, especially someone that had that kind of experience and that kind of background and you know he's got a PhD and all that kind of stuff, so… And he knows it so I want to hear what he has to say.

"A shot in the arm"

A consultant's ability to provide emotional support was also identified as an asset

that enhanced the value of consultation. Research has shown teaching to be an emotional endeavor where success is often based on the investment required to be caring (Isenbarger & Zembylas, 2006). Teachers and counselors acknowledged that consultation was an opportunity to learn more about their students and ways to support them, as well as the chance to be heard about the challenges of their job. This opportunity to work with a knowledgeable professional without the specter of being judged or evaluated provided them with emotional support as evidenced by reporting they felt more confident and more sustained in their job. Lily, a special education teacher stated, "It's a comfort to know, on a professional level, there are experts we can turn to so that we're not feeling isolated when we're dealing with these things." Teachers make an emotional investment in their craft and they expressed that consultants can help buttress them in this element of their jobs. Margaret, a special education teacher said, "I have found it to be worthwhile and valuable when I'm having an extremely difficult day with a student and then I realize, 'Oh, it's Tuesday, Dr. Andrews is here – score!'" Beth, an adjustment counselor said,

> Not only did it give me ideas and a different perspective, it gave me a lot of support. You know, how hard it can be. It's just a very hard field. It's very draining. It's just like my own shot in the arm and I don't think you can do this job without that and do it well.

Mae also referred to school-based consultation as a 'shot in the arm,' saying, "Could I do my job without him? Yeah, especially now, probably after years and years of doing this. But I love having him here." Margaret echoed this; "I really don't think that I've been at

a huge deficit not having someone here but when they are here, it's a huge perk." In these examples, participants did not describe any specific knowledge base or what, if anything, the consultant was able to communicate, but rather that their presence and the opportunity to meet afforded them some time in their day to feel supported.

Consultants spoke specifically about one of their responsibilities as consultants was to facilitate opportunities for teachers' voices to be heard, without necessarily providing feedback, thus making them feel more supported. Dr. Nicholas said, "I've found that that's effective in getting people not to see me as doing anything but facilitating the process…. It's about taking a perspective as a team about the overall educational and clinical needs of the students and to have multiple perspectives." Soliciting input from all team members is more likely to provide teachers with a sense of community, contrasted with teachers who may not have the same opportunity for collaboration. Another consultant spoke to the importance of providing emotional backing for teachers and staff, suggesting that it was part of their job as a consultant. His perception was that teachers who feel supported are more likely to stay in their jobs, thus providing continuity and building stronger programs or classrooms for students with challenging behaviors. Teachers also expressed support for these collaborative opportunities, perhaps with the consultant as a catalyst. Jason reported,

> I really enjoyed meeting with the other teachers and him to formulate the program, to make them cohesive throughout the buildings. I thought it was helpful and I think everybody thought it was helpful to take that hour out of our day.

Counselors and administrators suggested that consultation can be valuable to teachers, having expressed sympathy specific to a teacher's challenges in working with students with emotional and behavioral health needs. Beth, an adjustment counselor, mused,

> Some kids don't make you feel good as a teacher. Some kids make you feel like you do not know what you're doing. Which again is a scary feeling for educators because I think there's that culture and belief that you should know what you're doing… I'm always saying, 'you shouldn't know that, you shouldn't know that, how would you know that, why do you have that expectation [of yourself]?'

Ellen, the special education director, also echoed this sentiment when discussing whether or not teachers participate in consultation,

> I think it comes back to, 'This kid doesn't make me feel competent as a teacher.' And I really think that's what's going on…. It's that *thing*, 'I have to deal with this. I've got to do something.' Then I think they are more likely to be invested in it.

The emotional investment that teachers make in teaching can be challenged by these feelings of inadequacy or a lack of preparedness. Beth, an adjustment counselor expanded upon this idea, sharing her sense that teachers feel like they are expected to be 'experts' in all aspects of their classroom, from the content to behavior management. She wondered aloud if teachers felt like failures in some way when teachers are not skilled or prepared in dealing with behavioral or mental health needs of their students. She posited that this is an unreasonable expectation that teachers have of themselves but that the

current demands of a classroom foster those feelings. As a first year teacher stated, “I embraced it [consultation] at the time because, like I said, I was new. Bring on anybody, everybody! [Laughs] I want to hear those ideas because I was a new teacher. I needed to learn more.”

Developing a supportive, working relationship with a consultant can add value to a teacher’s overall experience, including the ability to navigate the day-to-day trials within the classroom. This collegial, working relationship seemed to be a critical foundational element of consultation for the teachers and counselors in this study. Consultees described being able to get along with a consultant as a major factor in their willingness to work with them and each participant in the study spoke of consultants with whom the developed a positive working relationship with. In developing these collegial relationships, the consultees opened themselves up to hearing and, in many instances, implementing feedback. They valued this connection and reported that it increased their likelihood of accepting feedback.

Positive relationships were characterized by participant descriptions of interactions that were more collegial and cooperative rather than evaluative, patronizing, or reflective of an imbalance of power. Consultees spoke about the notion that if personalities match, a productive, working relationship can grow. As Melissa, a special education teacher said, “I think if you can get a consultant and a teacher that work really well and have a good personality match, I think it can be valuable. Really valuable.” Mae was more specific

You want to make sure you have a good working relationship, that the person is

> able to get along, works well with people, is not a research-based person but a person that has good experience with managing people and working with people and communicating. That's pretty essential and if you don't have that skill, then you're not going to be good at giving criticism, you're not going to be good at giving direction, and you're not good at establishing relationships with people.

She spoke about the consultant's ability to build relationships with her staff

> He gets to know people personally; if someone's getting married or having a baby, he's definitely sure to mention it. You know, he's just got that way. He engages with people, he eats lunch in here when he comes, he talks about his own kids, he engages personally with people and that's made everyone much more receptive to listening to him.

Beth pointed out that consultant's ability to recognize challenges and to understand the needs of school staff before offering feedback was critical to building a rapport.

> Relationships with teachers should be the goal of the consultant because they need to feel respected, they need to know that the consultant understands schools, understands the demands of a classroom teacher because that's where the defensiveness comes – you just don't get it.

She posited that consultants are better received if they are able to demonstrate an understanding of the demands of teachers and to be able to convey that understanding effectively. Her impression was that teachers were more sensitive to the way in which

they are provided feedback or suggestions than are other professionals.

Counselors and administrators implied that teachers need to feel as though a consultant conducts him or herself as an equal of a teacher, even if the consultant has specific expertise that is identified to meet a need. When asked about how to approach consultees, one consultant, Dr. Nicholas shared, "My experience has been it's really both approach and personality… I've found that it's effective in getting people not to see me as doing anything but facilitating the process." He stated he makes a concerted attempt to be seen as a facilitator, rather than an expert.

While teachers and counselors generally described themselves as being receptive to consultation, administrators reported that this was not universally the case. In speaking about teachers and staff who are not as receptive to consultations, Janet said,

> (The) ability for someone to [accept feedback] is totally based on who the person is and their personality. You know, I would say to you that I have teachers that you could sit with a consultant forty hours a week and they'd never change one thing because 'that's the way they do it here.' And then other people would be better every moment of the day.

Ellen echoed this,

> It was really interesting. You have someone that's an expert; you have the administrators' expectations that this is stuff we want to see happening, and we are making this person available to you. And at first, we did not get a lot of sign ups."

Melissa elaborated: “Quite honestly, at the beginning the consultant piece was really frustrating and it was not that helpful… I don’t think the consultant really understood the dynamics of a school and this school in particular.” Melissa may not have been reluctant to engage in the consultation process but was reluctant to engage with a consultant that she did not perceive or describe as being effective. Consultation is a voluntary process, in as much as consultants have no evaluative dominion over teachers (Gutkin, 1996). When feedback suggests that teachers need to change, this can impact the teacher’s perceptions of their use of best practices. This disconnect can impact the individual’s identity as a teacher.

Based on what participants reported, the presence of a positive relationship between consultant and consultee was not, by itself, always sufficient to promote change. Differences were noted in the acceptance of feedback based on an individual’s role and/or training. With respect to which staff may have been more likely to value feedback, Dr. Nicholas posited,

> I find that educators who don't normally have the traditional supervision that the other professionals do, they become more open over time if they are more flexible as a person. That's the personality variable. Some people are more cautious. Some people don't want to show their work. Some people tend to work in isolation. It's their fiefdom in terms of the classroom and they don't want to hear what anyone else has to say.

Dr. Nicholas hypothesized the notion that previous experience with clinical supervision,

as opposed to evaluation feedback, may predict the ability to find greater value in school-based consultation.

Mindset matters: "There's just such a different mindset… in the counseling and social work field…"

A striking difference was noted regarding the value of consultation among participants who were counselors or social workers as contrasted with those who were teachers. This was pointed out by counselors who described clinical supervision as an essential part of their work; Beth illuminated this contrast:

> I think there's just such a different mindset. I think that in the counseling, psychology, and social work field, supervision… is part of your career. People pay for it; I've paid for my own supervision before. I mean it's something that you seek out so that you continue to grow and continue to work on your skills.

Social workers spoke to utilizing their time with a consultant as an opportunity for clinical supervision, although there was no indication from administrators that this was the purpose of consultation. Counselors described themselves as active, engaged participants in consultation in part because they used it as the clinical supervision their training and professional standards recommend and require as part of on-going professional practice. Counselors also cited the isolation of their position as a reason to be engaged and receptive to consultation. Cora, who is the only adjustment counselor serving a middle and high school, underscored this notion:

> We're all about any outside support services. Because we [related service providers] don't have big teams of people that are on our team, we know each other and we work once a month or twice a year, but I'm alone. I'm all by myself. The history department, they have each other. The math department, they have each other. Those guys have teams of people to bounce their ideas off of.

Counselors pointed to consultation serving the function of filling the gap in the supervision that is recommended in their field, but often lacking in public schools. Their desire for this type of supervision seemed to make them more receptive and attentive to feedback during consultation.

Counselors and consultants suggested that having experience with clinical supervision correlates with a willingness to engage in the consultative process. Counselors gave the impression they were favorably influenced by their desire to receive feedback from an experienced clinician or counselor than teachers, although they did not indicate whether they found the feedback effective. The consultants interviewed recognized this trend, indicating that counselors are more receptive than teachers to consultation because of their experience with clinical supervision. One consultant stated, "In general, people who've already gone through supervision and feedback and consultation are more comfortable. For example, school psychologists, counselors, social workers, and other professionals who've had formal supervision and training tend to be more open to consultation." This may stem in part from differences in training for teachers and counselors. Clinical supervision is expected to be on-going over the course of a counselor's career. This is contrasted with the experiences of teachers. Teacher

preparation programs and school districts may provide mentoring programs or additional support for new teachers with the expectation that this support will fade over time.

Counselors expressed an understanding of why teachers can present as defensive or resistant to consultation and accepting feedback as non-judgmental. They recognized feedback from a consultant as part of their job, rather than as an evaluative statement or comment on their work and suggested that may not be how teachers may see it. With respect to teachers being open to receiving feedback from a psychologist, Beth said,

> They don't understand that and why should they! They're not counselors. They're not psychologists. They're not social workers. They have not been trained [with clinical supervision]. But it is that, you know? So I do think in terms of the supervision in the consultation, theirs is that rigidity. Like what is he talking about? He doesn't know what I'm up against. He doesn't know what my classroom's like. And there's a defensiveness.

Cora observed,

> Teachers are terrified to have anyone come into their space that they're not, even if they're planning for it. They just don't like it. They like to have their space. Having been a classroom teacher in this district for a period of a couple of years, I kind of get it in that you get in a zone with your classroom, the minute some new thing [interrupts], a phone ringing, a person, you lose your momentum with the kids. Some of that I get. But to a teacher I'd say most really don't care for it.

The participants who were counselors were sympathetic to the pressure teachers believe

themselves to be under. They recognized the significant variation in student abilities within any given classroom and the challenges of meeting all students' needs. Beth shared,

> It's just a difference… I think teachers are expected to know what they're doing. I think teachers have an expectation of themselves; that they should know how to handle every situation. And I'm not sure where that culture of education created that. I don't have that expectation of myself.

Cora also recognized this stating, "Regular classroom teachers, they're not trained to know about all of these various disabilities to the extent that they have to deal with it. I do give them as much information as I can barring breaching confidentiality." Cora viewed her role, in part, as someone who can provide support to teachers to alleviate that pressure of being 'all-knowing.'

> Sometimes my experience has been that the teachers get left out of the loop a little bit? Like their focus is just teach your curriculum and we'll deal with… there's other people to deal with the rest. I mean it's certainly a challenge for them because those behaviors and emotions for kids don't happen in a vacuum or get checked at the door or put in their locker, so to speak.

Joanne suggested the teacher evaluation process may spur teachers to be more receptive and accepting of school-based consultation in part because of the increased accountability in classrooms, stating, "What makes people ready to accept… you're going to be responsible and that's certainly the new teacher evaluation tool… I think they're going to

[accept school-based consultation] … that whole thing about a certain amount of anxiety is good for learning." In all, the value of the process is enhanced when teachers are open to consultation or when consultants are able to open consultees up to consultative feedback.

"He didn't see the everyday, day-to-day behaviors"

Teachers consistently expressed a preference for consultants to have the opportunity to observe their classrooms or the students. Sufficient time to allow consultants to complete all the desired elements of consultation would significantly enhance the value of school-based consultation. Participants indicated their frustration with a consultant not having the time to spend observing students and gaining a better understanding of them as unique individuals, rather than as a 'profile' or a case study. Participants reported feeling that consultants would have been better informed of the context around student behaviors or challenges had they had opportunity to observe students or the classroom. Jason preferred more opportunity to support other students, saying, "I think it would've been nicer to have him observe the students more and talk more about all of the students and not just one in particular." Beth echoed this and said, "I think observations of some of these students to sort of get a little bit more of a feel for them in the moment." Melissa said, "If the consultant were actually seeing the students and seeing the classrooms and seeing what went on rather than just making an assessment, a blind assessment…" which struck this interviewer as a particularly negative statement, as it suggested that consultant was uninformed on any of the environmental

factors that could contribute to observable student behavior.

Similar to a lack of exposure to individual students, teachers expressed concern or frustration about a consultant's perceived lack of a complete understanding of the milieu. "People come in and assess the situation and give their opinion without understanding the history, the progress a student has made and that's really hard," said a special education teacher. In some cases, a consultant only heard about a student's major issues, frustrating Jason who said,

> He didn't see the everyday, day-to-day behaviors… seeing every day how he [student] reacted to certain things I think is… I think that's what the disagreement kind of came in, where I thought maybe I saw it a little differently than he did.

Ellen said, "There are times where an expert's expertise would not be valued or seen as credible because others would say, 'you don't know anything about the culture here or what or expectations are.'" Cora observed, "Sometimes if you don't have that knowledge of what it's like to work in a school… it's very different than a therapeutic setting." She also stated, "Some of the interventions suggested were not always realistic in a school setting. So that's where there is that hurdle [of the usefulness of feedback]." Melissa also explained, "I developed this program and someone would come in and tell me what I should do and what I shouldn't do, not really understanding the school or parties involved. That became really hard and really frustrating."

The challenges related to time the consultants were available were identified as well. A lack of common planning time with a teaching team, a lack of time to meet with a

consultant, or scheduling conflicts were identified as factors that detracted from the experience. As Matt said, “They just don’t have time to be scrambling around to meetings with the seventh grade team or the eighth grade science teacher. It just doesn’t really work and they just don’t… it’s just logistically challenging to set that all up.” Jason discussed his conversations with a general education colleague about working with a consultant.

> She loved hearing what he had to say but it wasn’t enough for her. She didn’t meet with him enough… I wish we had that extra time with the general educators to sit down with him and say, ‘Okay, you said this, so now how to you implement that?’ What do you want us to really do? And you’re saying this but how do we do this in the time that we have together and make sure that it happens so that it’s best for the kid?

Participants identified scheduling constraints as a challenge. Lily indicated that the only time a consultant was available to meet was during core subject areas (i.e., Language Arts, Math, science, social studies). “Unfortunately, it’s in the middle of the day and I don’t think many regular ed [ucation] teachers know that service is available and that’s the drawback because he’d better serve our community if everyone had access to him.” A special education teacher pointed out that some staff have not availed themselves of a consultant because, “I don’t think they really know about him. I don’t think they realize he’s available to them also.”

Alice pointed out the difficulty with getting schedules to mesh, describing how

her school utilized a six-day rotating cycle and working with a contracted consultant who worked Monday through Friday. “There was a lot of disconnect because he wasn’t there when you needed someone there. You know, when you need that in-the-moment kind of coaching.” Both day-to-day situations and episodic crises also were described as often needing more time from a consultant. Brenda expressed frustration that she could not always get a hold of the consultant when she needed him. “The minus is… I couldn’t get him in a crisis,” acknowledging that his role, by definition, was to spend time in a number of schools. She also spoke of the difficulty with using a consultant for debriefing her staff after a crisis. “Timing has a big piece in it. Otherwise, you’re dragging somebody in to re-discuss it three weeks later… and now they’re getting forced professional development consultation. I always feel some resentment [from staff] for that.”

These challenges were endemic to consultation in all areas. Consultants, no matter their level of expertise, would struggle with having an in-depth understanding of a school or its culture without being a part of it day-to-day. When consultees did not feel listened to or understood, they tended to be more dismissive of the consultative process. This underscores the consistent theme that consultation was, fundamentally, based in the relationship between the consultant and consultee.

“It depends on the budget. Sometimes the budget overrules the need.”

Public school systems are generally characterized as financially constrained or generally under-funded. It was expected that the fiscal considerations around paying for

external support would be prominent from administrators, who are responsible for budget allocations, and less of a focus for teachers and counselors. In this sample, administrators addressed specific budget considerations and some teachers and counselors described their perceptions around utilizing funds for consultation.

Administrators indicated that consultation was not necessarily a priority when the budget becomes tight. Liz said, "I really see the value of that, although I will say it's the first place to cut. When budgets get lean – this happens all over, it's not unique [to their district] – but you cut as far away from direct services as you possibly can." Alice echoed this saying, "You're going to cut any service that doesn't deal directly with education and that [school-based consultation] is the service that's getting cut usually." Each district administrator identified that consultation was important, but relative to their budget. Administrators were universal in their stated desire for consultation, but not at the expense of direct services to students. In other words, consultation was not described as an integral part of special education programming, as it is subject to available funding each year. One district indicated consultation may be impacted by the annual budget; it was portrayed as something that was nice to have or a luxury, rather than a necessity. "I think it will be something that we'll continue, not on as large a scale this year… it depends on the budget. Sometimes the budget overrules the need. And we'll still have consulting for next year, but you know, the amount of consulting always varies with the amount of how much available funds there are," stated Ellen.

There were other financial factors that were identified by administrators. "I don't want it to sound just all about the money because it's not just all about money but it's

very clear legally what school districts are responsible for funding," said Ellen. Administrators may use consultants to support the district or to counter other consultants or experts when considering a student's needs, particularly when an expensive out-of-district placement is being considered or requested. Ellen said,

> From an administrator's perspective, like I said, there's nothing better than 'you show me yours, I'll show you mine' and sometimes it's about bring out your big guns because they're bringing out their big guns. And that's what has to happen to kind of figure out where the responsibility lies for what the needs of the child are and sometimes the district ends up having to do that to protect the district from things that aren't the district's responsibility.

Administrators indicated that one of the benefits of consultation, namely the education and expertise of the consultant, also impacted the financial considerations. However, no process or a specific calculation of cost was identified by any administrators. It was expected that administrators especially would weigh finances carefully in their considerations around the expense of school-based consultation. Consultation was described as subject to available funding, but no process or formula around cost-effectiveness was identified by any administrators. This seemed to represent a process that was less than rigorous. There was no indication that there was more involved in the process than excess funding in a line item being designated for school-based consultation. Districts in this sample did not formally assess the effectiveness of consultation, as aforementioned.

However, administrators did make assessments related to the level of need for school-based consultation. They considered whether a consultant or a school-based staff member could fill the need. In describing their cost-benefit analysis, Maria said, "I think it ends up being cheaper than hiring someone for a very part-time [job], because we only have him… less than two days. It'd be hard to hire someone for that kind of position. And we have limited finding to hire someone full-time." She also noted that a district saves money by not having to pay benefits for an external consultant. Maria's responses indicated her belief that their need for support was relatively low and could be met with a consultant. This is in contrast to another district, whose administrator stated they were better off hiring their own personnel. Alice noted, "No disrespect to Tom, but he worked on a five-day – we have a six-day rotation – he worked on a Monday through Friday kind of schedule through…his practice…The person who's doing it now is a .8 [full time equivalent], so there's one period a day she's not there, but that's way better than what we had with just the consult." For their needs, the cost of hiring an employee was worth the relative cost compared to having a consultant on a schedule that did not match their own.

Teachers did not address specific budget items or expenses, but rather spoke more to their perceived efficacy of how their districts allocated their funding; whether the financial cost of consultation was worthwhile. Darryl, "It's bizarre, but we prefer to spend money on other things, curriculum things, like learning about the Louisiana Purchase and things, which is great, but not when kids are depressed, anxious, and at-risk for becoming addicted to heroin when they're 22-years-old when it's pretty clear that's

where they're heading. It's frustrating." Margaret reported, "We just hired an in-house suspension teacher. Wouldn't it be great if, instead of an in-house suspension teacher, or in collaboration with one, we had someone like this who could really address these social-emotional-behavioral needs?" She spoke more specifically to the need for social-emotional support, rather than increased discipline: "We had four kids this year in eighth grade who were just, behaviorally, off the charts. If it's, you know, hormones or adolescence or what, but realistically we're probably going to be sending these kids out (of district) at $100,000 (annually per student). Maybe if we had someone in here that could deal with these kids… so what if they miss science or social studies… they're getting a therapeutic session that maybe could help them deal with their day."

Melissa raised another potential benefit of funds being spent on an in-district resource, indicating that an individual working for the school would be a better investment. "Having somebody hired that the district owned so they were more invested in the district, in the kids, and understanding families… I think that role is really helpful." Beth noted the potential challenges for someone not employed by the district supporting students with emotional or behavioral health needs. "Where the school does not understand the social-emotional needs of kids… And there's a need for change systemically and when your paycheck is coming from the school, do they have the ability to be assertive and to push back and say, 'You can't do that'?" She further said, "Ideally a consultant is one to look at your program and say, 'This is a problem' and the whole point of a consultant is so that you can improve your programming, right? So that is a conflict when maybe they're afraid to necessarily say what they need to say because they

want to come back the next year." Melissa suggested that consultants may not be as forthcoming for fear of losing their contract. "Part of my frustration is because they're not invested in the district, they're not fighting the battles… it's easy for them to tell me what to do because they're getting paid by the district and they know they can get fired any second and it's not easy for them to tell administrators what to do. And I think that, because that role is year-to-year, they don't really feel like they can rock the boat."

Other staffing considerations were noted related to financial investment. Liz indicated, "I think honestly, even from a cost perspective, we got so much more bang for our buck hiring our own person." This is in contrast with Joanne's perspective, who pointed out that a district-wide consultant, although part-time, can reach more district staff than a full-time school employee. "Would it be nice to have more in-house supports…I guess, if we had enough money to hire, but then the problem with that is you'd only be solving the problem in one school, usually. And you could hire a district-wide person too but they always quit because it becomes… 'This is ridiculous because I can't do it well.'" Both of these ideas are a plausible rationale for either maintaining a consultant as a primary resource or hiring an in-district support. Districts make a determination based on their perceived individual needs.

Out of district tuition costs are a significant part of a special education budget and I expected that these costs would be considered as a data point for assessing the value or effectiveness of consultation. That perspective was not shared by administrators who were interviewed. Administrators pointed to the significant number of factors that go into a student being placed in an out-of-district placement, which shifted a preconceived

notion that the cost-benefit of an out of district placement was more cut and dry, as well as tied to the cost of consultation. In asking about these costs, Joanne gave an extensive explanation:

> There appear to be two similar districts, how come this one has more kids out-of-district? You could jump to conclusions that they haven't spent the time developing good in-district programs, sure, you could jump to that conclusion but that might not be accurate. It could have to do with on that some of those in an affluent district, you could have parents who have the resources, meaning advocates and attorneys who pushed for an out-of-district placement, a higher priced out-of-district placement; where in another district you might have offered a collaborative placement which would've been justified, but you might have settled out of the hearing process because in the world of special ed(ucation), you know, you go hearing, it's a crapshoot and the hearing officer can say, "Well, you didn't do this and you didn't do that…" and with so many things to do it's likely you didn't do something, so now you know you can just default to the parents. So I think some people settle and you can inherit out-of-district placements, which were settlements, which existed before you came in. Maybe you have a program like that now but, you know, and a lot of people will say once out-of-district, hard to bring back in unless the parent is interested too.

Chapter 5

Impressions

This study was designed to describe the experience in consulting with outside mental or behavioral health providers to support students with emotional or behavioral needs in schools. I was most interested in how they described the investment of resources in the experience; namely, how did they describe the value or the worth of investing resources into consultation. All participants described positive elements of school-based consultation, but their impression of the value differed depending on their role in the school.

Administrators focused on the operational aspects to which school-based consultation contributed, namely with professional development or training. Administrators' utilization of consultation was often proactive or preemptive; it was described as beneficial when cases became or had the potential to become contentious or litigious. One characterized this as "leveling the playing field," suggesting there is an equalizing quality to having an outside expert as part of their team. Consultants' support as it related to parents was described as largely logistical, rather than relational. One principal suggested the mere presence of a consultant, regardless of their effectiveness, could mitigate parent concerns.

Teacher and counselors spoke less about logistics and more about their perceptions or feelings about their ability to be effective in their job. While they identified consultation as a means to improve their practice, their descriptions showed it

to be a more relational endeavor. Most made a reference to their perception of their improved skills, but they focused more of their description of the experience around the development of relationships with others in the consultation process and of the emotional support they describe receiving from consultants.

Teachers and counselors spoke to school-based consultation helping them to develop improved relationships with parents. Teachers described gaining a better sense of what parents needed and how to best communicate with them. Additionally, teacher and counselor consultees cited not just consultants' professional expertise as helpful qualities, but also the emotional support provided to them as valuable and worthwhile. The opportunity to work with someone knowledgeable who could recognize the unique challenges of their role and could provide feedback that promoted their professional growth was a positive element of their experience. They talked about feeling more confident in their existing skills. In addition, they described school-based consultation as offering more opportunities for collaboration with professionals, both colleagues and the consultants, whom they may not have otherwise worked with, but who share the same students with emotional or behavioral needs to support. Teachers and counselors seemed to value the time afforded them to meet, collaborate, and share their experiences with colleagues and consultants. They suggested there was valuable emotional support in this collaboration; it seemed to mitigate the feeling of isolation that can come with teaching (Flinders, 1988) or with being the only person in your role in the building. This is contrasted with administrators' views of working with parents, which was largely strategic.

The subtle differences between administrators and school staff's perception of consultation also extended to the participants' descriptions of the personal qualities of a consultant. All participants placed value on the professional experience and expertise of consultants, but the elements in which they found value were different. Administrators tended to focus on their professional expertise and their credentials; they valued the consultant's degree or certification as an indication of their authority or expertise on matters related to students' emotional and behavioral well-being. These credentials were also placed in high value in the context of parent interactions. When administrators anticipate parents bringing outside counsel to the special education process, they find value in the credentials of a consultant with a terminal degree. This is contrasted with teachers and counselors, who highlighted personal characteristics, such as congeniality, warmth, and their ability to develop a working relationship. They focused less on the competence inferred by their credentials and more on how well they got along personally.

For teachers and counselors, their descriptions of the value of consultation were most impacted by their relationship with the consultant. They had more positive descriptions of the experience when they had more positive feelings about the consultant as an individual. It was described as more beneficial when they looked forward to working with the consultant and believed the consultant understood their needs. Teachers were more likely not just to engage in the process, but to accept the feedback of consultants when they developed a positive, collegial relationship. It is worth noting that, as psychologists, school-based consultants may be particularly skilled at not just listening to the concerns of others but in responding in such a way that consultees feel more

positively about themselves. While their primary role may not be to provide specific counseling to teachers, their skill set may lend itself to being more than a consultant for their students; consultants may become de facto counselors for the staff.

Differences in the nature of consultation were evident not just between administrators and teachers, but also between teachers and counselors. Counselors, who were often the only person in that role in their schools, utilized consultation for clinical supervision, an element of their work they described as critically important. The utilization of consultants for clinical supervision appeared to be the most important contribution of consultation for counselors. Their willingness and desire to participate in supervision was offered as a possible reason that counselors described themselves as consistently engaged in and positive about the process. Counselors more actively sought feedback to inform their practice, as their formal training encouraged the use of collaboration with a more senior clinician to support their work. Supervision seemed to be an integral part of their practice and they were more than willing to carve out time in their day to participate in consultation. Supervision is fundamentally based on the relationship between a consultant and consultee, or a supervisor and supervisee. Without consultation, counselors in this sample would not have access to clinical supervision, which is described as an integral part of their practice (NASW, Standards for School Social Work, 2012). The feedback and support provided by supervision was viewed by counselors as essential for their job.

Whereas administrators characterized consultation as ‘nice, but not necessary,’ there seemed to be much more value in the experience for teachers and counselors. The

value in the relationships they developed with consultants appeared to have a direct correlation to how beneficial they described it. Teachers valued the opportunity to develop a working relationship built in part upon a good personality match. They seemed to invest more in the consultee-consultant relationship when they felt listened to, respected, and valued as a professional. They spoke very little, if at all, about specific feedback or strategies that they learned from consultants. Counselors were enthusiastic about the opportunity for clinical supervision, with the development of the relationship contingent on a professional need, rather than almost exclusively a personality match. Their perspective suggested that, given the professional need for clinical supervision, it may be more likely that consultation is effective for counselors, not just merely beneficial.

There are several models of consultation that have proven to be effective (i.e., Schulte, Osborne, & Kauffman, 1993; Sheridan, Eagle, Cowen, & Mickelson, 2001; Sheridan & Kratochwill, 2007). None of the school districts who participated identified the use of a specific model of consultation, or even a particular structure to the practice. Consultation appeared to be conducted in largely an ad hoc manner. This may contribute to the lack of data on the effectiveness of consultation. Without operationalizing a model of consultation with fidelity, there is no structure or means to gather data or information about its effectiveness. While light was shed on the experience of teachers, counselors, and administrators, there was no evidence of data driving the decisions around the investment in consultation.

Limitations

Qualitative research comes with inherent limitations. Consultation, by definition, is comprised of human interactions, which are difficult to distill down to a single or even multiple meanings. Without objective measures, the interpretation of the perceptions of school-based consultation are subject to the potential personal influence or bias of the researcher. While great care was taken to bracket out researcher subjectivity, it is possible that it is present.

Noell and Witt (1999) cautioned against using teacher, or consultee, statements to draw inferences about the effectiveness of consultation. "(T)here is frequently a lack of correspondence between what individuals say and what they do" (p. 31). While effectiveness could ultimately not be measured, the notion that there may be a disconnect between words and actions is valid. By using subjective statements, there is no way to establish the veracity of some participant statements as they relate to consultation. In addition to information being filtered through the participants' lens, the presence of a researcher may have biased some responses. Participants may have reported what they believe they ought to say about consultation, rather than what they genuinely perceive. The nature of the research questions may also change the dynamics of the consultative relationship, as they introduced the concepts of effectiveness, worthiness, and value into the conversation. Creswell (2009) also noted that individuals will vary in their ability to articulate their thoughts or perceptions.

The small sample size of this study is also a limiting factor. While this study included participants from various schools and districts, the findings are limited in their

validity to the individuals and the context in which they participated. As Creswell (2009) noted, "the intent of this form of inquiry is not to generalize findings to individuals, sites, or places outside of those under study" (p. 193). Because students generally do not interact with consultants, their perspective on consultation were not addressed, despite the fact that several of the adults in their life may be affected by the experience. Ultimately, parents did not participate in the study, as each school district cited confidentiality concerns.

Conclusions and Considerations for Future Research

Teacher, counselor, and administrator descriptions of the added value of the outside perspectives of consultants were significant for a number of reasons. First, it suggests that consultation may be effective because participants identified improved skills as a benefit. In describing their experience, participants almost universally identified consultation as providing them with an opportunity for professional growth. It suggests that teachers were at least considering the feedback they received and were working from a more confident and more knowledgeable perspective. This may have been especially true for counselors or other school personnel with a clinical background. Their approach to engaging with a consultant might have been different than that of a teacher or administrator. They seemed to approach the experience with a different expectation, usually a significantly more positive or optimistic one. Teachers seemed to be pleasantly surprised by a positive consultative experience, as if they did not anticipate to receive any significant benefit from it.

This is relatively consistent with the existing research regarding teacher responses to consultation. Consistent with other findings, teachers generally report positive experiences or overall satisfaction with consultation (e.g., Eagle, Cowen, & Mickelson, 2001; Schulte, Osborne, & Kauffman, 1993). Schulte, Osborne, and Kauffman found that teachers preferred a collaborative approach, in which the teacher was part of the problem-solving process. In this sample, all consultees engaged in collaborative consultation, which did not consist of a particular model but one in which the consultee was involved in all steps of the processes. Gonzalez, et al. (2004) hypothesized that variables such as personal characteristics, perceived efficacy, and administrative support would be greater predictors of teachers' reported consultations than variables such as school demographics or consultation model. Teacher responses in this sample were generally consistent with this notion. They responded favorably when they perceived themselves to be listened to or valued as a professional by the consultant.

The perception of consultation as being beneficial was pervasive in the participants interviewed in this study. None, however, pointed to objective measures of effectiveness; all data provided were personal perspectives. This is consistent with the existing research. The conventional wisdom that consultation "works," even in the absence of empirical data, continues to be pervasive. Assessing the effectiveness of consultation is an area for further research. There is a need to determine empirically if consultation is an intervention that produces positive outcomes and there is a significant need to identify and utilize effective interventions for students with emotional or behavioral needs. By any measure, there are millions of children and adolescents whose

needs are unmet. Four out of 10 adolescents meet the DSM criteria for a 12-month mental health disorder in any given year (Kessler, Avenevoli, Costello, et al, 2012). For many of these students, the disorder impacts their experiences in school. It is possible that any consultation model, one in which an expert builds both short-term and long-term skills in school personnel, could be an effective and efficient means of better supporting students in school. The prevalence of emotional and behavioral needs in youth demands effective interventions that can be broadly applied or utilized.

Two of the primary goals in school-based consultation articulated in the literature are (a) support for the consultee to help solve the presenting problem and (b) to enhance the ability of consultees to prevent the same issues from arising in the future, or to at least mitigate the seriousness of similar problems (Erchul, 2005; Gutkin & Curtis, 1999; Gutkin, 1996; Zins, Kratochwill, & Elliott, 1993). No specific data were reported to be collected in the participating districts specific to these outcomes. Data that could have been used as evidence of the effectiveness or value of consultation are, for example, incident reports, discipline referrals, or changes of educational placement, such as placement in an interim alternative educational setting. Although this study did not seek to evaluate these data points as a measure of consultation effectiveness, it was expected that these types of data would have been collected and reported to be used as a means of an internal assessment or cost-benefit analysis of consultation. In this study, participants spoke of their experiences, perceptions and descriptions of theirs or their staff's ability to change their behavior but did not provide quantitative data to support their beliefs or perceptions.

Consultants interviewed revealed that they thought there would be differences in identified needs between administrators and direct service providers, such as teachers and counselors. They indicated that they expected to be utilized in different capacities, depending on the role of the consultee (i.e., general education teacher, social worker). These differences were not identified in the literature. Research on consultation is monolithic, in that participants are described as consultees with presumed similar needs. This sample suggests that more research is needed on the different roles and responsibilities of the consultees as they relate to the benefit or effectiveness of consultation.

Consultation was also assumed to be sound financial investment, despite a lack of data to support the assumption. Administrators, teachers, and counselors, however, described the benefit through different lenses. Administrators had a more "dollars and cents" approach, whereas teachers and counselors addressed less tangible element, such as the investment of time and perceptions of how funds are allocated. Administrators implied that a type of cost-benefit analysis had led to the decision to use consultation, but it was not clear how extensive or comprehensive it may have been. This may have been due to administrators "inheriting" consultation as a line item in their budget, rather than initiating school-based consultation based on a specific need. Some administrators perceived it as a luxury that was subject to funding, rather than a necessity. One indicated that it is often one of the first services cut in a budget because it is not a direct service to students. The most frequently cited financial consideration for administrators was to prepare for legal challenges with parents, namely having a more experienced of

credentialed expert supporting a student with emotional or behavioral health need. These considerations are more difficult to quantify, as the same outcome cannot be assumed for each case and thus, not the same cost. For example, a case could result in a resolution meeting, mediation, or a hearing, each with different financial implications.

Neither teachers nor counselors identified quantitative measures of assessing school-based consultation. Their perception appeared to be based on their impressions of the fiscal tradeoffs made to implement consultation. They understood that budgets are finite and there is a cost associated with school-based consultation, which limits funding for other line items. Some thought an employee of the district, rather than an outside consultant, would be more invested in student outcomes. While different suggestions were posited for how to best invest funding, participants unanimously agreed that providing support to students with emotional or behavioral health needs was critical to student success in the classroom and a good investment of resources.

Establishing the value of school-based consultation requires a multi-faceted, more comprehensive assessment of the investment. Participants were generally positive about the experience, but the lack of information about its effectiveness limits the ability to assess its worth. This is surprising, given the widespread use of consultation in schools, and this sample was consistent with the research. As schools become increasingly data-driven, determining effectiveness across elements of school investments is likely to be increasingly important.

Overall, the benefits of school-based consultation were reported to be multi-layered, as some were immediate and some were identified as potential benefits, with the

value increasing in the future. This is consistent with this author's anticipated outcomes of consultation but must be viewed with caution. This is based on self-reports only; their perceptions were not corroborated by other more objective data.

Subjectivity Statement

When I first considered this subject as a focus of study, I recalled one particular case and the likely responses from different psychologists I had worked closely with. Two would have offered sound, research-based recommendations. The third would have said something like, "That [expletive] sucks. What would make your life easier?" In many ways, the third felt like the most valuable. Why did the first two feel somewhat useless to me? As a teacher, I often felt I had a good understanding of managing challenging behavior. Sometimes, I just needed to feel heard. I didn't need a new behavior intervention plan; I needed a sympathetic ear.

The most important disclosure for this study is I have worked with and for the consultants who participated in this study and were also the subject of the consultation discussions of some of the participants. In the middle of the dissertation process, I took a position in a school district where Drs. Nicholas and Andrews consult (unbeknownst to me prior to accepting the position) and was during a recent school year part of regular consultation with Dr. Andrews for the special education programs I supervised at that time. At this time, I do not participate in consultation with any outside professionals. The district in which I currently work is not one of the districts examined here due to the demographics being outside the parameters of the imposed limitations.

Because every experience is unique unto itself and every consultee has their own

perceptions of their interactions, this research is not about these individual consultants. Dr. Nicholas and Dr. Andrews are well-regarded psychologists in this area and their agency offers services, including school consultation, in several communities. As is one of the features of consultation, neither Dr. Nicholas nor Dr. Andrews was ever a supervisor or evaluator in the school setting.

Considerable thought was also given to my own experiences as a consultant. In being on the other side of the table I planned my presentations based on what I thought would work best for the consultees. I focused less on the message and more on how to best deliver it. Based on my training as a teacher, I knew I could have the greatest advice in the world but if the consultees couldn't access it in a meaningful way, then it was all for naught. This was especially important to me when I consulted to private day school in Maryland for students with emotional or behavioral disorders. As a middle class, educated, white woman from the north, I was very cognizant of how I appeared – physically, professionally, culturally – walking into a predominantly African-American school in the south. I knew that if I wasn't able to make a connection with the consultees, I would quickly be disregarded. Based on the anonymous feedback I received from the participants, I was able to get at least some of my message across. It required a lot of thinking outside the proverbial box and shifting my presentations on the fly but the consultees' feedback gave me the impression that they had learned something. They were also very honest, even blunt, in sharing their ideas on my presentations throughout our sessions so I took their feedback as authentic.

Appendix A

District Recruitment Email Text

My name is Paula Donnelly and I am a doctoral candidate at Boston University. I am interested in potentially conducting some of my dissertation research in _____ Public Schools. I am looking for schools or districts that use an external psychologist to support middle and high school staff (and possibly parents) that work with students with behavioral or emotional issues.

Specifically, I am interested in interviewing any professional school personnel who meet with or work with a consulting psychologist(s). I am not looking to evaluate the consultation process or student outcomes, but rather I am interested in hearing their perceptions of consultation and their thoughts about the investment of their time and other resources in working with a specialist for students that have emotional or behavioral issues. Of course, I would not be taking any time away from staff's obligations but asking them to meet with me on their own time. I would also be interested in interviewing a parent who meets with the consultant about their son or daughter, if possible.

I would be happy to meet with you and/or speak further about my research.

Appendix B

Participant Recruitment Email Text

Dear _____,

My name is Paula Donnelly and I am a doctoral candidate in Special Education at Boston University. I am writing to see if you would be interested in participating in a research study that looks at consultation with a behavioral health professional for students with emotional or behavioral difficulties.

The purpose of this research study is to learn more about how teachers, administrators, and parents describe consultation with a behavioral or mental health professional to support students with mental health needs. I am interested in learning about the process, what works, what doesn't work, and what you think about taking the time to meet with a consultant. You are able to provide a unique and individual perspective on this practice.

Participation would consist of an interview with me for approximately 45 minutes to an hour. The interview will take place at your school or another location of your choosing. Any information that you share will be kept strictly confidential.

If you are interested, please contact me at this email or at 617-953-9419.

Thank you for your consideration.

Appendix C

RESEARCH CONSENT FORM

Teacher Form

Title of Project: Investment in School-Based Mental Health Consultation: Perspectives of Stakeholders

Principal Investigator: Paula Donnelly

Study Background

Current research indicates that one in five children in the US experiences symptoms of mental illness. Most of these children attend public schools, but with varying levels of special education support. Students with mental health needs present unique challenges for school personnel. To help support them, many school districts utilize additional support from mental health professionals who primarily work outside of schools.

You are being asked to participate in this research because you work with an external, school-based consultant to help support students with mental health needs. You are able to provide a unique and individual perspective on this practice.

Paula Donnelly, a doctoral candidate at Boston University, is conducting this study as part of the requirements for completion of a Doctor of Education in Special Education.

You will be one of approximately 30 subjects asked to participate in this research.

Your participation in the study will last for approximately an hour. We expect the entire research study to last for three to four months.

Purpose

The purpose of this research study is to learn more about how teachers, administrators, and parents describe consultation with a mental health professional to support students with mental health needs. I am interested in learning about the process, what works, what doesn't work, and what you think about taking the time to meet with a consultant.

What Happens in this Research Study

If you choose to participate, the researcher will contact you to schedule an interview that will last for approximately 45-60 minutes. The interview will take place at your school or another location at your request. With your permission, the interview will be audio taped. The researcher will ask questions about working with a mental health consultant at school. After several days, the researcher will share the transcripts of your interview to

make sure that everything is accurate. You are free to share your thoughts and to make any corrections or clarifications.

Risks and Discomforts

There are only minimal risks to you associated with this study. You may experience mild psychological or emotional discomfort by answering questions about your job, your supervisors, and your students. Your thoughts or ideas about consultation may be affected. Risks related to confidentiality are minimal because only the researcher has access to your data.

There may be unforeseen risks to the study. If new risks are identified the study staff will update you in a timely way about any new information that might affect your health, welfare, or decision to stay in the study.

Benefits

Some potential benefits to participating in this study are developing a deeper understanding of consultation and its process, an increased self-awareness of your role in consultation, and the satisfaction of taking part in research on a little-studied process. The information you provide may help researchers, school and district administrators, and policy makers in making mental health consultation more effective. It is also possible that you may receive no benefit from participating in this study.

Alternatives

If you choose not to participate in an in-person interview at your school, you may choose to meet with the researcher in a public location, such as a library. If an in-person interview is not convenient, you may choose to complete an interview over the phone. Another alternative is to not participate in this study.

Costs/ Payments

There are no known costs to you for participating in this research study except for your time. You will not be paid to participate in this research study.

Confidentiality

Any identifiable data that is collected from you will be recorded by a study ID. Only the Principal Investigator and her dissertation advisor will have access to the master-code that links your personal information to the study ID number. Data will be stored in a locked file cabinet and on a password protected computer that will be available only to the Principal Investigator. Signed consent forms will be kept separate from the research data. The investigator will take appropriate care to protect the confidentiality of your private information. However, there is a slight chance that others could learn information about you from this study. Your information may be used in publications and

presentations. However, the information will not include any personal information that will allow you to be identified.

Information from this study and study records may be reviewed and photocopied by the sponsor, the institution and by regulators responsible for research oversight such as the Office of Human Research Protections and the Boston University Institutional Review Board.

Voluntary Participation

Taking part in this research is voluntary. You have a right to refuse to take part in this study. If you decide to be in this study you can refuse to answer any question if you wish. If you decide to be in this study and then change your mind, you can withdraw from the research. Refusal to participate will not involve any penalty or loss of benefits to which you are otherwise entitled.

If there are any new findings during the study that may affect whether or not you wish to continue to take part in the research, you will be told about them as soon as possible. The investigator may decide to stop your participation in the study without your consent. This might happen if she decides that staying in the study will be bad for you or if she decides to stop the study.

Contacts

If you have questions regarding this research or if you have a research related injury, either now or at any time in the future, please contact Paula Donnelly at 617.953.9419 or paula.donnelly12@gmail.com, or her dissertation advisor, Donna Lehr, Ph.D. at 617-353-3240 or dlehr@bu.edu. You may obtain further information about your rights as a research subject by contacting the Boston University Institutional Review Board for Human Subjects Research at 617-358-6115 or irb@bu.edu.

Appendix D

RESEARCH CONSENT FORM

Administrator Form

Title of Project: Investment in School-Based Mental Health Consultation: Perspectives of Stakeholders

Principal Investigator: Paula Donnelly

Study Background

Current research indicates that one in five children in the US experiences symptoms of mental illness. Most of these children attend public schools, but with varying levels of special education support. Students with mental health needs present unique challenges for school personnel. To help support them, many school districts utilize additional support from mental health professionals who primarily work outside of schools.

You are being asked to participate in this research because you are part of an administrative team that has chosen to contract the services of an external mental health consultant. You are able to provide a unique and individual perspective on this practice.

Paula Donnelly, a doctoral candidate at Boston University, is conducting this study as part of the requirements for completion of a Doctor of Education in Special Education.

You will be one of approximately 30 subjects asked to participate in this research.

Your participation in the study will last for approximately an hour. We expect the entire research study to last for three to four months.

Purpose

The purpose of this research study is to learn more about how teachers, administrators, and parents describe consultation with an external mental health professional to support students with mental health needs. I am interested in learning about the process, what works, what doesn't work, and what you think about taking the time to meet with a consultant.

What Happens in this Research Study

If you choose to participate, the researcher will contact you to schedule an interview that will last for approximately 45-60 minutes. The interview will take place at your school or another location at your request. With your permission, the interview will be audio taped. The researcher will ask questions about working with a mental health consultant at school. After several days, the researcher will share the transcripts of your interview to

make sure that everything is accurate. You are free to share your thoughts and to make any corrections or clarifications.

Risks and Discomforts

There are only minimal risks to you associated with this study. You may experience mild psychological or emotional discomfort by answering questions about your job and its related decision-making processes. Your thoughts or ideas about consultation may be affected. Risks related to confidentiality are minimal because only the researcher has access to your data.

There may be unforeseen risks to the study. If new risks are identified the study staff will update you in a timely way about any new information that might affect your health, welfare, or decision to stay in the study.

Benefits

Some potential benefits to participating in this study are developing a deeper understanding of consultation and its process, an increased self-awareness of your role in consultation, and the satisfaction of taking part in research on a little-studied process. The information you provide may help researchers, school and district administrators, teachers, and policy makers in making mental health consultation more effective.

It is also possible that you may receive no benefit from participating in this study.

Alternatives

If you choose not to participate in an in-person interview at your school, you may choose to meet with the researcher in a public location, such as a library. If an in-person interview is not convenient, you may choose to complete an interview over the phone.

Another alternative is to not participate in this study.

Costs/ Payments

There are no known costs to you for participating in this research study except for your time. You will not be paid to participate in this research study.

Confidentiality

Any identifiable data that is collected from you will be recorded by a study ID. Only the Principal Investigator and her dissertation advisor will have access to the master-code that links your personal information to the study ID number. Data will be stored in a locked file cabinet and on a password protected computer that will be available only to the Principal Investigator. Signed consent forms will be kept separate from the research data. The investigator will take appropriate care to protect the confidentiality of your private information. However, there is a slight chance that others could learn information

about you from this study. Your information may be used in publications and presentations. However, the information will not include any personal information that will allow you to be identified.

Information from this study and study records may be reviewed and photocopied by the sponsor, the institution and by regulators responsible for research oversight such as the Office of Human Research Protections and the Boston University Institutional Review Board.

Voluntary Participation

Taking part in this research is voluntary. You have a right to refuse to take part in this study. If you decide to be in this study you can refuse to answer any question if you wish. If you decide to be in this study and then change your mind, you can withdraw from the research. Refusal to participate will not involve any penalty or loss of benefits to which you are otherwise entitled.

If there are any new findings during the study that may affect whether or not you wish to continue to take part in the research, you will be told about them as soon as possible. The investigator may decide to stop your participation in the study without your consent. This might happen if she decides that staying in the study will be bad for you or if she decides to stop the study.

Contacts

If you have questions regarding this research, either now or at any time in the future, please contact Paula Donnelly at 617-953-9419 or paula.donnelly12@gmail.com, or her dissertation advisor, Donna Lehr, Ph.D. at 617-353-3240 or dlehr@bu.edu. You may obtain further information about your rights as a research subject by contacting the Boston University Institutional Review Board for Human Subjects Research at 617-358-6115 or irb@bu.edu.

Appendix E

RESEARCH CONSENT FORM

Consultant Form

Title of Project: Investment in School-Based Mental Health Consultation: Perspectives of Stakeholders

Principal Investigator: Paula Donnelly

Study Background

Current research indicates that one in five children in the US experiences symptoms of mental illness. Most of these children attend public schools, but with varying levels of special education support. Students with mental health needs present unique challenges for school personnel. To help support them, many school districts utilize additional support from mental health professionals who primarily work outside of schools.

You are being asked to participate in this research because you are part of an administrative team that has chosen to contract the services of an external mental health consultant. You are able to provide a unique and individual perspective on this practice.

Paula Donnelly, a doctoral candidate at Boston University, is conducting this study as part of the requirements for completion of a Doctor of Education in Special Education.

You will be one of approximately 30 subjects asked to participate in this research.

Your participation in the study will last for approximately half an hour. We expect the entire research process to last for three to four months.

Purpose

The purpose of this research study is to learn more about how consultants, teachers, administrators, and parents describe consultation with an external mental health professional to support students with behavioral or mental health needs.

What Happens in this Research Study

If you choose to participate, the researcher will contact you to schedule an interview that will last for approximately 25-30 minutes. The interview will take place at your school or another location at your request. With your permission, the interview will be audio taped. The researcher will ask questions about working with school personnel to support students with behavioral or mental health needs. After several days, the researcher will share the transcripts of your interview to make sure that everything is accurate. You are free to share your thoughts and to make any corrections or clarifications.

Risks and Discomforts

There are only minimal risks to you associated with this study. You may experience mild psychological or emotional discomfort by answering questions about your job and its related decision-making processes. Your thoughts or ideas about consultation may be affected. Risks related to confidentiality are minimal because only the researcher has access to your data.

There may be unforeseen risks to the study. If new risks are identified the study staff will update you in a timely way about any new information that might affect your health, welfare, or decision to stay in the study.

Benefits

Some potential benefits to participating in this study are developing a deeper understanding of consultation and its process, an increased self-awareness of your role in public schools, and the satisfaction of taking part in research on a little-studied process. The information you provide may help researchers, school and district administrators, teachers, and policy makers in making behavioral health consultation more effective.

It is also possible that you may receive no benefit from participating in this study.

Alternatives

If you choose not to participate in an in-person interview at a school or your office, you may choose to meet with the researcher in a public location, such as a library. If an in-person interview is not convenient, you may choose to complete an interview over the phone.

Another alternative is to not participate in this study.

Costs/ Payments

There are no known costs to you for participating in this research study except for your time. You will not be paid to participate in this research study.

Confidentiality

Any identifiable data that is collected from you will be recorded by a study ID. Only the Principal Investigator and her dissertation advisor will have access to the master-code that links your personal information to the study ID number. Data will be stored in a locked file cabinet and on a password protected computer that will be available only to the Principal Investigator. Signed consent forms will be kept separate from the research data. The investigator will take appropriate care to protect the confidentiality of your private information. However, there is a slight chance that others could learn information about you from this study. Your information may be used in publications and

presentations. However, the information will not include any personal information that will allow you to be identified.

Information from this study and study records may be reviewed and photocopied by the sponsor, the institution and by regulators responsible for research oversight such as the Office of Human Research Protections and the Boston University Institutional Review Board.

Voluntary Participation

Taking part in this research is voluntary. You have a right to refuse to take part in this study. If you decide to be in this study you can refuse to answer any question if you wish. If you decide to be in this study and then change your mind, you can withdraw from the research. Refusal to participate will not involve any penalty or loss of benefits to which you are otherwise entitled.

If there are any new findings during the study that may affect whether or not you wish to continue to take part in the research, you will be told about them as soon as possible. The investigator may decide to stop your participation in the study without your consent. This might happen if she decides that staying in the study will be bad for you or if she decides to stop the study.

Contacts

If you have questions regarding this research, either now or at any time in the future, please contact Paula Donnelly at 617-953-9419 or paula.donnelly12@gmail.com, or her dissertation advisor, Donna Lehr, Ph.D. at 617-353-3240 or dlehr@bu.edu. You may obtain further information about your rights as a research subject by contacting the Boston University Institutional Review Board for Human Subjects Research at 617-358-6115 or irb@bu.edu.

Appendix F

Investment in School-Based Consultation – Interview Protocol

Date and time of interview: Location of interview:

Interviewee:

School(s) of interviewee:

Position/title of interviewee:

(Briefly describe the project)

Questions:

1. Can you tell me about your experience working with a mental health consultant?

2. To what extent has consultation affected your interactions with students with mental health needs?

3. To what extent do you find consultation to be a worthwhile or valuable experience?

("Thank you so much for taking the time to participate in this study. Again, your name and identifying details will be kept confidential and pseudonyms will be used in the final report.")

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